involvement, media coverage and community taskforces. The outcomes in terms of drug use rates were modest. Prevalence rates after 5 years had reduced by 7 per cent for cigarettes, 5 per cent for alcohol and 3 per cent for marijuana.

Community programs are unlikely to reduce experimentation rates but may influence young peoples' decisions about which drugs to experiment with and may reduce the number of young people who go on to develop substance abuse problems in later life. Given the overlap between substance misuse, domestic and family violence, motor vehicle fatalities and child abuse and neglect, broad community programs designed to enhance young people's sense of connection and belonging seems to be a sensible course of action.

School Culture and Ethos

The culture of a school is an important determinant of the behaviour and well being of staff and students. School culture has been identified as critical in determining the levels of behavioural and emotional disturbance, psychiatric disorder and violence (Olweus, 1993; Rutter, Maughan, Mortimore and Oustin, 1979).

The features associated with health promoting school cultures are: warmth and positive interest; authorative adult - child model interactions; clear messages that violence is not expected or accepted; positive, active involvement of parents and teachers; the use of consistent, non-hostile, non-physical limits in a manner that preserves the dignity of all involved and positive, professional interactions between staff. Staff teams who treat each other with respect and tolerance model this to their students.

There is also evidence to suggest that the design of school buildings and playgrounds can affect wellbeing (Fuller and King, 1995). One example is that the placement and privacy of school counsellor's offices influences students' willingness to seek assistance (Kids Help Line, 1996).

The overall message from prevention research, is that schools can prevent the onset, severity and duration of substance abuse, delinquency, bullying and violence by undertaking a process of developing a culture that promotes resilience and by specifically targeting students at the point they start school (prep, year 7 or when transferring from one to another).

For example, Olweus (1989) reduced bullying by up to 50 percent by introducing an authoritative adult-child model of interaction, positive involvement of parents and teachers and the consistent use of non-hostile, non-corporal punishment sanctions on rule violations.

Providing educational enrichment such as the Headstart program or the Perry Preschool (Benard, 1998) program also result in improved pro-social behaviours over both long and short term.

School change is a stressful event around puberty (Felner, Ginter, Primavera 1982), and transition programs to ensure adequate integration into secondary school are vital. Studies have shown that successful integration programs will prevent later substance abuse and delinquency (Felner and Adan 1988).

Involvement of the parents in the school in a positive way is also protective for young people. A school culture that supports and protects new entrants and involves their parents is likely to result in fewer problems later. As young people become more peer focused around this time, it is important that schools do not join adolescents in rejecting parents. Involving parents in the education of their children fosters strong connections and linkages to both family and school and this is a process that ideally begins in pre-school.

Family

Assisting families and parents to develop more collaborative and consistent parenting styles is an important element in reducing the amount of anti-social behaviour, mental health problems and substance abuse.

Some family factors that serve to protect young people include: having a positive relationship with even one parent which can protect against abuse and trauma; proactive problem solving that resolves sibling disputes equitably; minimal conflict during infancy; having a characteristic that is valued by the family such as particular talents or physical features (eg, 'she's got

her grandmother's hair'); a good fit between the temperament of a child and their parent/s and an absence of high levels of family conflict or divorce during adolescence. All of these contribute to a sense of belonging, being liked by and cared for and connectedness to family.

Resilience studies have often focused on the 'rugged' individual overcoming the hardships of life and it is only recently that it has been acknowledged that families can have characteristics that actively promote resilience. Wolin and Wolin (1995) found that children in families containing an alcoholic member are less likely to grow up and join or create families with alcohol problems when positive identity is nurtured through regular and rich ritual observance. In resilient families, alcohol use may still have been a problem but it was not allowed to interfere with family gatherings such as children's birthday parties, anniversaries and Christmas.

Instilling positive parenting practices pays off. Indeed, it is one of the few activities that can pay off for generations.

Individual / Peer

Lowering the incidence of substance abuse in young people is linked to the prevention of depression and the promotion of social life skills and self-esteem.

The probability of onset of drug abuse or dependence peaks in 15-19 year olds (Christie, Burke and Regier, 1988). Alcohol abuse and dependence also peak at these ages (Burke, Burke and Regier, 1990). The peak time for developing depression is a little younger at between 15 and 17 year olds of age.

There are strong links between depression and substance abuse with both increasing the likelihood of the other. For example, the risk of drug use disorder is doubled if a young person has previously experienced depression or an anxiety disorder (Reiger, Farmer, et al. 1990). Young men who experience depression at 18 years of age are more likely to report marijuana use at 14 years (Block et al., 1991).

This does not necessarily mean that depression 'causes' substance abuse or vice versa but rather supports the earlier suggestion that both risk and protective factors are contagious. Young people who are vulnerable to depression may be more likely to experiment with drugs as a way of dealing with their feelings and to escape the perceived boredom of their lives. If they proceed to using drugs regularly, the life issues that need to be changed for them to adapt more successfully become neglected and their use of drugs continues to be reinforced. If they stop using drugs for a time they can experience a surge of undealt with feelings and issues that make them feel unable to cope and suggest to them that drugs are the only way of coping with life.

These young people may be more likely to gravitate toward others with similar issues. There is evidence to suggest that people often watch their peers inject drugs for some time before trying it themselves.

The daunting aspect of this is that young people who develop substance abuse problems usually have other problems as well. The positive news is that if an intervention can positively impact on one area of a young person's life, it will have a ripple effect with changes flowing through to other areas.

Life trajectory research is informative in that it helps us to consider the functioning of young people across the years from puberty to 25 years (Compas et al., 1995; Kagan, 1991).

Risk and resilience factors for young people

Level	Risk Factors	Protective Factors
Community		
	Availability of drugs	
	Media portrayals of violence	Cultures of cooperation
	Transitions and mobility	Stability and connection
	Low neighbourhood attachment and community disorganisation	Good relationship with an adult outside the family
	Poverty	Opportunities for meaningful contribution
School		
	Detachment from school	A sense of belonging and fitting in
	Academic failure, especially in middle years	Positive achievements and evaluations at school
	Early and persistent anti-social behaviour	Having someone outside your family who believes in you
	Low parental interest in education	Attendance at pre-school
Family		
	Family history of problematic alcohol or drug usage	A sense of belonging or connectedness to family
	Inappropriate family management	Feeling loved and respected
	Family conflict	Proactive problem-solving and minimal conflict during infancy
	Parental alcohol / drug use that interferes with family rituals	Maintenance of family rituals
	Harsh / coercive and / or inconsistent parenting	Warm relationship with at least one parent
	Marital instability or conflict	Absence of divorce during adolescence
	Favourable parental attitudes towards risk taking behaviours	A 'good fit' between parents and child
Individual / Peer		
	Constitutional factors, alienation, rebelliousness, hyperactivity, novelty seeking behaviour	Temperament / activity level, social responsivity, autonomy
	Seeing peers taking drugs	
	Friends who engage in problem behaviour	Development of a special talent, curiosity and zest for life
	Favourable attitudes towards problem behaviour	Work success during adolescence
	Early initiation of the problem behaviour	High intelligence (not when paired with sensitive temperament)

Promoting resilience in young people at high risk of developing substance abuse problems

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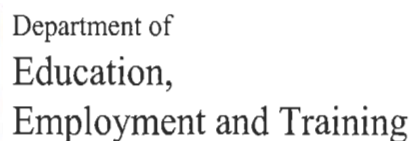
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Drug Education Resources for Schools and their Communities

get
wise

Working on Illicits in School Education

Communicating
with
Parents

Schools' guide to working with parents

State Government Victoria
Department of
Education,
Employment and Training

COMMUNITY SUPPORT FUND
VICTORIA

get wise
Working on Illicits in School Education

Drug Education Resources for Schools and their Communities

This resource has been developed by the Victorian Department of Education, Employment and Training in collaboration with the Youth Research Centre, University of Melbourne, and Education Image Pty Ltd.

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Contents

Introduction

Get Wise is based on principles of harm minimisation. The aim of a harm minimisation approach is to prevent and reduce drug-related harm.

We live in a community where people use a variety of different drugs for a variety of reasons. While there may be perceived benefits associated with drug use, there may also be personal, social, legal and / or economic harms.

Early attempts to prevent and reduce drug-related harm focused on controlling the supply and availability of drugs, and on attempting to persuade people not to use drugs. These strategies met with limited success.

Since the 1970s, people working in the field of health education and promotion have developed new and more effective approaches to reduce the harm associated with behaviours that are potentially health-compromising.

A common feature of these successful approaches is that multiple methods (eg education, legislation, environmental change, policy development) and a comprehensive, whole-community approach (eg schools, families, workplaces, local communities, media) is used. People still drive cars, participate in outdoor activities in summer, and children still have a lot of fun in playgrounds, but, as a result of recent public health programs about traffic safety, sun protection and playground injuries they are better informed about ways to minimise potential harm and to do these things more safely.

Addressing potential harm caused by drug use requires a comprehensive set of strategies in a range of settings, including schools. This means schools must look at their environments and policies as well as classroom lessons and engage students, teachers, parents and the wider community in addressing issues.

This component of *Get Wise*, *Communicating with Parents*, is designed to assist teachers and schools to work with parent communities to address drug issues. Teachers can use or adapt information to suit specific needs of parents in their local communities.

Get Wise is a resource designed to assist schools to address issues associated with illicit drugs. It is one component of the Victorian Government's drug reform strategy.

Drug education in schools includes the development of *Individual School Drug Education Strategies* (ISDES) for all government and most non-government schools in Victoria.

Other related programs include:

Parent Information, Consultation and Education Project, which is designed to provide parents of students attending ISDES schools with opportunities to access drug information and education.

Get Wise has a specific focus on illicit drugs and complements *Get Real: A Harm-minimisation Approach to Drug Education for Primary and Secondary Schools (1995)*.

These two resources represent a comprehensive guide to the development, implementation and review of school drug education.

Get Wise:
Communicating with Parents

This booklet provides assistance in:

- promoting school - parent partnerships in addressing drug issues

- helping schools consult with parents about drug issues

- effectively communicating with parents, students and the school both before and after any drug-related incident

- conducting parent information sessions about young people, illicit drug use and school drug education programs.

The booklet deals with two main areas:

1. *Parent participation in policy and program development, through:*

- involvement with the school council, education boards and committee structures within the school

- membership on the school core team responsible for developing policies and programs for the Individual School Drug Education Strategy

- participating in the organisation of social and other relevant school activities.

2. *Parent / community education forums, focusing on:*

- providing information about drugs, drug use and strategies to prevent and reduce drug-related harm

- informing parents about the school's drug education program

- enhancing communication skills between parents and their children about drugs and other related health issues.

Other components of *Get Wise* to be used in association with this booklet are:

- *The Principal's Guide*

- *The A to Z of Illicit Drugs*

- *Primary Curriculum Activities*

- *Secondary Curriculum Activities*

- *The Student Welfare Action Manual.*

Illicit drug use
in our community

Contrary to the impression that is sometimes gained from the media, there is not an epidemic of illicit drug use among students. However, drug use can and does cause harm and any illicit drug use by young people is cause for careful consideration. Fear and exaggeration sometimes generated by media must be separated from the real misery and distress that can accompany drug use.

1

Young people's use of illicit drugs is usually social and experimental, associated with curiosity, exploring altered states of consciousness, and imitating adults. For a smaller group of students, use can be regular, problematic or dependent. This closely mirrors the pattern and profile of drug use by the adult population, with larger numbers of social or recreational users, and diminishing numbers of regular or dependent users.

Although harm is more likely to be associated with regular or problematic use, it can also occur with experimental or social use, or when two or more drugs are used at the same time (poly-drug use).

Addressing these different patterns of use (and non-use) requires different strategies.

Harm minimisation is an overall approach that incorporates a range of ways to address the differing patterns of use or non-use by students, parents, schools and communities.

1 *Drug Use in Australia, Oxford University Press, 1998.*

Drug use by secondary school students - 1996

To address illicit drug use it is useful to have accurate, evidence-based information on the drugs young people are experimenting with or using regularly.

The following tables note the illicit drugs secondary school students are using and compare problems of 'ever used' figures with those for the 'last four weeks' in 1993 and 1996.

Table 1. Percentage of Year 7, 9 and 11 Victorian secondary school students who have ever used substances for 1993 and 1996.[1]

*not necessarily illicit drugs

	Year 7	Year 7	Year 9	Year 9	Year 11	Year 11
	1993	1996	1993	1996	1993	1996
Pain relievers*	92	97	95	98	96	98
Sleeping tablets*	8	16	12	20	14	17
Cannabis/Marijuana	6	15	22	33	41	47
Hallucinogens	2	2	7	7	10	8
Amphetamines	2	2	5	5	8	7
Cocaine	3	3	5	3	4	2
Ecstasy	2	1	2	3	3	5
Opiates	3	3	4	4	4	3
Inhalants	24	34	24	31	22	18

Table 2. Percentage of Year 7, 9 and 11 Victorian secondary school students who had used each substance in the last month, 1993 and 1996.[2]

*not necessarily illicit drugs

	Year 7	Year 7	Year 9	Year 9	Year 11	Year 11
	1993	1996	1993	1996	1993	1996
Pain relievers*	68	68	75	75	76	76
Sleeping tablets*	3	4	4	6	4	5
Cannabis/Marijuana	3	6	12	19	22	23
Hallucinogens	1	1	2	2	2	2
Amphetamines	1	1	2	2	2	2
Cocaine	1	1	2	2	2	1
Ecstasy	1	1	1	1	1	1
Opiates	1	1	1	2	1	1
Inhalants	9	18	8	11	5	3

1   School Students and Drug Use 1996 Survey of Alcohol, Tobacco and Other Drug Use Among Victorian Secondary School Students, Department of Human Services, Melbourne, 1999.

2   ibid

The data indicates that among Victorian secondary school students:

- cannabis is by far the most widely used illicit drug

- there has been an increase in cannabis use in recent years

- amphetamines and hallucinogens are the second most widely used illicit drugs

- most cannabis and amphetamine use is social, experimental or short-lived

- the proportion of students who have ever used cannabis increases markedly from around Year 9 and onwards from 15% to 47%

- 98% of Year 7, 9 and 11 students do not regularly use hallucinogens, amphetamines, cocaine, ecstasy or opiates

- inhalant use reduces in senior students

- few students had used a needle to inject drugs and even fewer students had re-used a needle or syringe[3]

- the Victorian drug use profile is similar to the Australian drug use profile.

Addressing the issue: harm minimisation

Harm minimisation is a relatively new term for a relatively old concept. People always have, and always will, participate in risky activities such as playing sport, driving cars, travelling by aeroplane and consuming alcohol or using other drugs. We do these things, not because we don't value our life and health, but because we perceive that the benefits outweigh the risks. Campaigns designed to eliminate risks by persuading people not to engage in activities they value have had mixed success. Some people don't take up the activity, others stop and

thereby minimise harm. For a variety of reasons others participate in the 'risky' activity, but attempt to reduce the risks by reducing the frequency of the activity, or trying other ways to avoid the harms. In other situations, especially with medicines, drug use is necessary to maintain a quality of life.

Investing resources in only trying to prevent use means that we forgo the opportunity to assist groups to reduce the adverse health, social, legal or economic consequences of their use.

Harm minimisation involves a range of approaches to prevent and reduce drug-related harm, including abstinence from drug use, prevention, early intervention, specialist treatment, supply control, and safer drug use.[4]

Maximum benefits for individuals, families and the wider community will only be obtained through the implementation of a comprehensive approach which includes strategies to reduce use, control supply, and reduce the harm associated with drug use.

Harm minimisation involves a range of approaches to prevent and reduce drug-related harm, including abstinence from drug use, prevention, early intervention, specialist treatment, supply control, and safer drug use.

A distinguishing feature of harm minimisation from previous approaches to drug use is that it:

- acknowledges that many people in our community use drugs

- supports the decision of those who choose not to use

- takes into account the relationships between people, the drugs they use and the environments in which they use them

- is relevant for both licit and illicit drugs.

Harm minimisation is an appropriate approach to use with culturally and linguistically diverse (CLD) communities represented in the school community.

3 School Students and Drug Use 1996 Survey of Alcohol, Tobacco and Other Drug Use Among Victorian Secondary School Students, Department of Human Services, Melbourne, 1999.

4 National Drug Strategic Plan 1993-1997, Drugs of Dependence Branch, Department of Health, Housing and Local Government and Community Services, AGPS, Canberra, 1993, p4.

It is important that schools become familiar with the values and attitudes within each community and provide opportunities for parents to discuss and understand the implications of harm minimisation.

In a school setting, a harm minimisation approach supports abstinence from drug use in addition to preventing and reducing harms associated with drug use.

This includes:

- development of school policy and practice guidelines

- the provision of appropriate curriculum

- student welfare support

- partnerships with parents

- referral to support agencies where necessary

- individual counselling and treatment when required

- sound relationships with local police

- provision of relevant professional development for staff.

A concern in some communities is that harm minimisation strategies may be interpreted as condoning or encouraging use, and hence lead to increased levels of use. A harm minimisation approach does not condone or encourage use any more than improving playground safety encourages children to increase their misuse of the equipment. Rather, it ensures that those who choose to experiment or use drugs are more aware of the risks and of strategies to prevent or reduce those risks.

Parents are likely to be familiar with harm minimisation in relation to their own behaviour (eg. not drinking and driving) and that of their children (eg. supervision of alcohol use at parties). However, they may be unfamiliar with the term, and uncertain about its application to illicit drug use.

"Parents don't realise that they are taking drugs... things like smoking, drinking and medicines that we take every day. Parents need to understand the risks involved in their own drug use so that they can give better advice to their children."

Parent on primary school core team.

Involving parents in addressing issues of concern challenges schools to move beyond traditional approaches and consider the potential of the whole school as a health promoting environment.

SECTION 2
Setting the Scene in Schools

This section discusses the concept of health promoting schools and describes the place of harm minimisation within a health promoting school framework. It also describes some of the ways that schools can enhance the development of collaborative partnerships with all parents.

Health promoting schools

Victoria is part of a world wide health promoting schools network which commenced several years ago as a key health promotion initiative of the World Health Organisation.

> *The health promoting schools approach attempts to balance the curriculum and classroom teaching with action directed towards improving the school environment and in improving links with the family, caregivers and the wider community.*[5]

The concept of the health promoting school is strongly supported in Australian health policy. Key elements of a health promoting school outlined in the Draft National Strategy for Health Promoting Schools (1998) are:

- a comprehensive school health curriculum for all students

- comprehensive pre-service preparation and ongoing in-service teacher training for health

- increased community participation

- close parental cooperation and support

- a focus on the school's physical and social environment

- increased student participation in decision-making and policies

- the development of the school as a caring community

- integration of the physical, social, mental and environmental aspects of health

- encouraging young people to think critically and analytically about health and social issues.

In practice, the health promoting schools framework features three interlinked components:

- teaching and learning

- school ethos and environment

- school - community partnerships.

While a focus on each of the three areas is important, the interaction and connection between the three areas is paramount. In this sense, partnerships with parents are an integral component of a whole school approach.

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5   Nutbeam et al, Goals and targets for Australia's Health in the Year 2000 and Beyond, AGPS, Canberra, 1993, p221.

curriculum teaching learning

health topics integrated into other subjects

planned sequential curriculum

student-centred teaching

experimental teaching

preservice and inservice training

cultural and social education

non-violent conflict resolution

school organisation, ethos and environment

physical activity areas

passive recreation areas

clean

shade

respectful of diversity

staff health and welfare

friendly waste disposal

based on social justice principles

health promoting schools policy

occupational health and safety

caring ethos underpins social interactions

resource allocation for health

lessons in specialist health areas

community service

teacher professional development

counselling services

family support

school welfare services

partnerships and services

community use of school facilities

school community members involved in initiation, development and implementation of school health policies and programs

local health services contribute to school health through;
• screening
• immunisation
• education of teachers and parents
• expert advice on referral and policy development.

alliances formed with health, welfare and local community agencies

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Many health-related programs in Victorian schools now incorporate the principles and strategies of the health promoting school approach.[6]

A harm minimisation approach to illicit drugs in the context of a health promoting school

Because individual school communities have different needs, aspirations and resources, approaches to drug education within the context of a health promoting school will differ. *Turning The Tide in Schools Guidelines* recommends that each school develop an Individual School Drug Education Strategy (ISDES) to reflect four overall goals:

- implementation of relevant and comprehensive drug education as an ongoing core component of the curriculum

- provision of appropriate drug education prevention and intervention programs for each student

- development and review of drug-related school-based policies

- provision of a supportive environment that involves parents and the wider school community in drug-related curriculum and welfare issues.

Schools which develop their ISDES using a harm minimisation approach within a health promoting school framework are likely to address drug issues through:[7]

- a comprehensive drug education curriculum from P-12

- a strong pastoral care and welfare focus providing both preventive and interventive responses

- clear rules, guidelines and consequences

- parent involvement

- community-based partnerships.

Greenhills Primary School teaches drug education through themes of "relationships", "safety" and "caring about myself". Older students have units of work on tobacco and alcohol. The Police Schools Involvement Program Resource Officer visits classrooms in consultation with the school drug education committee and Life Education is part of the school program.

The welfare policy highlights the need to support children living in at risk situations. Teachers and parents have been given opportunities to attend drug education and information sessions. Parents are given advice about responsible role modelling in relation to drugs.

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6   Mapping the Health Promoting School: Curriculum and Standards Framework and beyond, (Draft) [Melbourne], Department of Education, Victoria, Individual School Drug Education Strategy Guidelines Melbourne, Department of Education, Victoria, 1998, page 55.

7   Turning the Tide in Schools: Individual School Drug Education Strategy Guidelines, 1998, pages 100-101.

Brooklea Secondary College has a comprehensive health curriculum which includes addressing both licit and illicit drugs. The school has an active student council that feeds into many decision-making groups. The school holds regular forums with parents where drug, alcohol and health issues are considered. Students plan and facilitate elements of these. Opportunities to succeed both academically and personally are evident across all curriculum areas and an extensive peer education program is valued by students. The school is reviewing a number of policies in light of their ISDES and parent consultation is a significant part of this process.

"I have learnt a lot about the definition of a drug and how drug education is taught so that I can better support the children."

Parent on a core team in a Gippsland school.

Promoting the parent voice

It is widely recognised that intentionally developing collaborative partnerships between the school and the home is one of the most important factors in supporting the health and drug education of students.[9] This makes sense given that, after the family home, the school is the setting where students spend the greatest period of time. For some students who are homeless or have arrived as a refugee, a school may be even more significant.

"School is like a second home... like you spend more of your working time at school, you see more of your teachers than you see of your parents. You should see it like that - a second home."

Year 10 student, Resilience Project, 1998.

Research suggests that parents and caregivers are very interested in young people's drug use patterns and want to play a role in influencing and understanding drug issues. Similarly the community expects that schools play a role in educating and protecting students from drug-related harm.

Family and community support for a comprehensive, whole-school approach to drug education is important for the following reasons:

- the issue of drugs and young people is the responsibility of the whole community

- drug use can be a controversial and sensitive topic

- there are differences in needs and values within the school community, particularly among families from cultural and linguistically diverse backgrounds

- closer parent / school relationships provide opportunities for parents and teachers to meet and work through issues arising from conflicting personal attitudes and values

- the development of young people's health-enhancing knowledge and skills will be supported and reinforced when the values of the curriculum are consistent with the values of family, friends and the community

- success of the school's drug education strategy depends on school and community support

- it promotes the acceptance of social harmony and diversity.

A parent-friendly school, or a school concerned with promoting partnerships provides a number of opportunities for collaborative and cooperative work.

Apart from school council and parents' clubs, opportunities can be created for parents to be involved in drug education. School activities that allow for parent views to be 'heard' include membership of a core team in the development of the ISDES, contributing to the planning and organisation of school events and participation in parent drug education forums.

"I have learnt a lot about the definition of a drug and how drug education is taught so that I can better support the children."

Parent on core team in a Gippsland school.

8   A Strategy for the Detection and Management of Hepatitis C in Australia. National Health and Medical Research Council, Canberra, 1997.

While all teachers have contact with parents, some schools specifically designate responsibility to one person to develop and maintain parent liaison. This helps maintain leadership, consistency and enthusiasm for school - parent partnerships.

Parents will be more likely to participate in a range of school drug education activities if the school as a whole is 'parent-friendly'. This is reflected in the many ways in which schools communicate with parents, through receptionists, principals, general staff, teachers and welfare staff in the everyday

life of the school. This is part of the ethos of a school, which has been defined as:

A web of interconnecting components, including school policies and procedures, cultural values and the social and physical environment.[9]

Parents notice this school ethos:

There's a good feel about the school, it's friendly and a nice place for kids to be. You know that if you, or your child had a problem someone here would try to help them... I think this school cares about kids.[10]

Cultural inclusivity

The concept and appreciation of school - parent partnerships is often unfamiliar to culturally and linguistically diverse parents and therefore needs to be clearly communicated.

Many schools encounter difficulties in achieving a desirable level of parent participation from parents from culturally and linguistically diverse backgrounds.

Reasons may include:

- parental expectations; in some cultures parents may not be expected to be involved in their child's schooling, and entrust the school with full responsibility

- working hours may not be conducive to opportunities for the development of collaborative partnerships

- difficulty in developing or circulating translated invitations.

Some practical steps for enhancing positive relationships between culturally and linguistically diverse families and schools include:

- contacting local cultural peak bodies to research the cultural background of parents to understand their expectations of school participation

- investigating the needs of parents through focus groups or forums

- creating a telephone tree - using multicultural teachers aides, liaison officers or parents who do participate in school activities to encourage parents to

attend meetings, functions or cultural events

- identifying parents who may be leaders in the community and seeking their assistance

- translating relevant information or employing translators to invite culturally and linguistically diverse parents to school events

- considering important cultural and religious occasions when planning the school calendar of events

- providing social time at the end of meetings for interaction

- organising home visits where parents are unable to come to the school

- creating opportunities for cultural exchanges or displays

- encouraging opportunities for parents to involve themselves in running activities where they feel a sense of power and confidence, for example running arts / crafts / cooking demonstrations or promoting cultural understanding by participating in various curriculum activities

- informing and educating staff to adopt culturally sensitive practices in approaching parents and dealing with sensitive issues

- assessing parents' needs for learning English, or accessing drug information, and investigating the possibility of offering classes.

9 Northfield et al, School Based Health Promotion Across Australia. Sydney, Australian Health Promoting Schools Association, 1997, p7-8.
10 Ibid

Vera's kitchen table

Aboriginal educator Vera often holds parent meetings at her house around her kitchen table. Koorie parents, not comfortable with the local school environment, were more likely to attend Vera's meetings.

Banksia Secondary College joined a 'Creating New Choices' program, initiated by Sutherland Community Resource Centre, which takes a whole school approach to preventing violence and conflict. It has worked with parents, teachers, students, local health agencies and the broader community. As part of the process they have addressed conflict resolution and communication skills in classrooms, established clear rules and consequences about appropriate behaviour for the whole school community, celebrated events which respect and share diverse cultures, and provided training for teachers in many related areas including drug education. In doing this, "they have created a community that doesn't tolerate violence".[11]

In all their interactions with parents, schools need to show respect and understanding and recognise that school can be an intimidating place for some parents. In particular schools need to recognise that some families from less privileged social backgrounds or different cultural backgrounds may have considerable difficulties in building relationships with schools.

At Humpty Doo Primary School (in the Northern Territory) they work hard to make parents feel welcome especially as 25 per cent of the school's population are indigenous. "Lots of bloody hard work and an openness which invites people in. We encourage people to wander around the school, in classrooms, staffroom, sitting outside. Some just come and have a cuppa. The school is establishing a drop-in centre."[12]

Despite a school's best efforts, some parents may choose not to be involved. After providing appropriate opportunities for active parent participation, schools should ensure that all parents, regardless of level of involvement, are at least adequately informed about the school's drug education strategy and relevant programs and services.

> Despite a school's best efforts, some parents may choose not to be involved. After providing appropriate opportunities for active parent participation, schools should ensure that all parents, regardless of level of involvement, are at least adequately informed about the school's drug education strategy and relevant programs and services.

11 Northfield et al, 1997, p9.
12 Northfield et al, 1997, p26.

Guidelines and Resources for School - Parent Collaboration

This section provides guidelines and resources for working with parents and developing partnerships. In particular it provides information about planning and promoting parent forums.

Working with parents

The particular strategies used by the school, and the nature and type of parental partnerships explored, will depend on answers to questions such as:

- what are the drug-related issues and concerns of parents, students and school staff?

- what policies and programs are being planned and / or implemented to address these concerns?

- what structures and processes are currently in place to encourage and support parent participation?

The following sections provide resources for school community forums, focusing on:

- providing information about drugs, drug use and a range of drug strategies

- providing information and strategies with a focus on illicit drugs

- informing parents about the school's drug education program

- developing skills in communicating with young people about health and social issues including drugs

- communicating with parents, the community and the media after a drug-related incident at the school

- supporting families to address drug issues.

Planning parent forums and school community events

In a parent forum, a range of values, attitudes, knowledge, understanding, experiences, prejudices, skills, levels of confidence and personalities will be present. Shared knowledge and understanding both of parent perspectives and of the central concepts of drug education will help determine the extent to which the school is successful in developing an appropriate and effective Individual School Drug Education Strategy (ISDES).

Drug education forums offer the opportunity to share knowledge and opinions and also allow concerns to be raised and discussed. Many schools are taking the opportunity to work with parent communities. A school may decide to conduct forums for specific cultural groups to adequately meet the needs of these groups and to encourage participation when groups lack confidence in talking about drugs.

Key elements for running a successful forum are adequate planning, setting clear aims, using a skilled facilitator and active promotion.

A range of activities and tools for planning are provided in this section. Tips for facilitators are also included.

Forums focusing on the school program

The scope of a parent information evening or forum will be influenced by the process undertaken to develop an (ISDES). If the parent community have previously contributed to the development of the school drug education program or if a previous forum has been organised for parents, a school may not need to allocate as much time for general drug activities and information.

Guiding principles for parent forums

In recent years substantial work has been undertaken in the development of parent programs as well as programs which empower and give a voice to young people. While the school will need to make decisions about the nature and extent of their work and partnerships with parents, the following guiding principles could be considered for all types of meetings, forums and activities around drugs.

Parents want their children to be safe

- They want to support their children.
- They appreciate the opportunity to discuss strategies which increase the safety of young people with other parents.
- Communication on drug issues is important to both young people and their parents.

Parents' perceptions and values differ greatly

- At any gathering of parents, a diverse range of values and attitudes are likely to be represented
- Values and attitudes are not necessarily right or wrong, good or bad, simply different.

Parents may be anxious about drug-related issues

- Parents want accurate and relevant information.
- Many parents lack confidence when dealing with drug-related issues that affect their children.
- Many come to parent forums / meetings to seek guidance and support.
- Evenings based purely on information or facilitated in a didactic way can add to anxiety.
- The opportunity to communicate often eases anxiety.
- Parents may be sensitive to their own drug use.
- Parents may be angry or frustrated about a range of issues including laws or perceived lack of effort to 'stop' drugs. This may be exacerbated in some culturally and linguistically diverse communities by a lack of familiarity with Australian society.

Young people have legitimate views

- Young people's participation will encourage parents to attend.
- Adults who speak on behalf of young people can sometimes misrepresent their views.
- Given an appropriate format and some preparation, young people are often the best people to articulate their issues.[13]
- In some communities young people may not feel able to speak honestly in front of parents.

Planning the parent forum

A checklist is a useful planning tool to ensure that tasks are shared, all budget items are considered and adequate time is allowed for tasks to be completed.[14]

Setting aims for the forum will provide direction and set priorities about what to include as time may be limited. Sample aims and intentions could include:

- gaining support for the introduction of illicit drug education into the school health curriculum
- explaining *Get Wise* (and possibly *Get Real*) to parents and increase their understanding about what happens in classroom drug education
- providing the opportunity to find out more about illicit drugs including prevalence, effects and possible strategies to prevent and reduce harm associated with use
- providing community input toward the development of the Individual School Drug Education Strategy
- providing an opportunity for parents and students to communicate about drugs and other sensitive health and social issues which concern young people
- providing parents with practical strategies to minimise harms associated with illicit drug use and their children
- beginning a broader discussion within the community about drug issues and identifying potential partners in this process
- correcting any misconceptions or misunderstandings which may have developed within the school community as a response to a critical incident where drugs are involved.

13 Adolescents and Substance Abuse Training Notes, Department of Education and Centre for Adolescent Health, Parkville, 1997 Section 5.

14 Get Real: A Harm-minimisation Approach to Drug Education, Directorate of School Education, Melbourne, 1995, p2-4.

Checklist for planning a parent forum

The following checklist may be useful in considering the practicalities of planning a parent forum:

Task	Who will do it?	With whom?	Preparation time required	Budget
Set aims and objectives				
Decide on a date(s) and time				
Arrange venue				
Decide who to invite				
Decide who will speak / facilitate				
Develop marketing and promotion strategies				
Decide agenda				
Arrange translations and interpreters				
Involve students				
Get parents along				
Distribute pre-reading or drug education material				
Arrange catering				
Set up the room - arrange posters, display material				
Arrange videos, and resources for activities				
Arrange media, publicity				
Consider arrangements for childcare				
Other				

Promoting a parent forum

One of the challenges schools face when conducting parent events is attracting all parents and not just those who usually attend school functions. Promotion is critical.

What works?

1. Thorough planning is the key. Consider what you wish to achieve and set realistic and achievable goals and objectives for the event. Decide who to invite, who will facilitate and for how long. Brief all facilitators in advance, particularly on any issues you think parents might be anxious about.

2. Make a major effort with publicity and invitations. The sample letter on p57 clearly articulates the benefits of attending a parent forum. Adapt it to suit your school's needs and use it as a personalised invitation to parents. You may also wish to use the following strategies to boost attendance:

- pre-publicise the event through newsletters, posters around the school, local radio and parent organisations

- provide refreshments

- set up a buddy program, where each parent is encouraged to bring another parent along. This can be especially useful in culturally and linguistically diverse communities

- ask students to invite their own or a friend's parent with a written invitation

- translate correspondence into other major community languages and invite translators where possible so that all language groups are included

- utilise other networks such as local sporting clubs

- contact the local media

- choose a venue which is comfortable and friendly - this may be outside the school (see Vera's kitchen, on p14)

- use telephone trees.

3. Involve students. Encouraging communication between young people and parents is in most cases one of the main goals of parent events, so it makes sense to involve students in the program. Student involvement can also enhance the event, because it adds realism and focus. Consider involving students in the following ways:

- role-plays and dramatic improvisations

- student panels to answer questions

- as small group facilitators

- to assist in the smooth running of the program

- to provide a young person's perspective

- to speak about the relevance of the drug education classroom program.

St Columba's College in Essendon has been running a parent forum annually for five years. Forums include a range of health topics, discussion on illicit drugs and alcohol and involve parents in a range of hands on activities.

The forums have had major student involvement including:

- the welcome and introduction

- student panels

- drama performances

- serving of 'mocktails'

- student facilitators for group activities

- students talking about the types of relationships they would like to have with their parents.

A staff member at the school said, "We were unsure about letting students have such input into the forum, but we took the risk and it has paid off ten-fold."

4. Provide guest speakers. Research suggests that, in the classroom, brief interventions by external drug educators are likely to be ineffective and may lead to increased experimentation with drugs. At parent events, however, an expert speaker can add authority and credibility to what the school wishes to say. Promoting the participation of an expert speaker can also generate interest in the forum and

boost attendance. If expert speakers participate, discuss ways they can contribute to and complement the aims of the forum.

A few schools have included a speaker with expertise or a commitment to young people, drugs, success, or parenting issues. Their input has been brief, 20-30 minutes, to allow time for follow-on activities and to deal with school issues. Remember that people need time to talk to others. Avoid talking at parents all night!

5. A rose by any other name. Calling a parent event a 'drug education forum' may discourage some parents from attending for a number of reasons:

- they may feel uncomfortable addressing the topic in the company of other parents and prefer a more confidential environment

- they may think their attendance implies they or their children have a drug 'problem'

- they may not think their children will ever use drugs and not understand the relevance of the event.

As a result, many schools couch their drug education forums within a broader topic area, such as 'parenting skills' or 'helping your teenager cope with adolescent challenges', 'Mocktails Evening' or 'Rethinking Drinking'. Other schools have found that talking about drug education at commencement nights or curriculum nights, where drug education is just one aspect of the curriculum discussed, is more successful. Thinking about the success of other parent events at the school should guide a decision about appropriate titles.

If a school considers a forum relating primarily to illicit drugs the context of use and harm between licit and illicit drugs should be established. It will be important to reinforce that the drugs causing the most harms to young people are the licit drugs, particularly alcohol and tobacco.

Providing contextual information and conducting general introductory activities or ice breakers provides an important basis for genuine two-way communication between parents and schools. Members of school council or other parents facilitating activities and discussion may strengthen the message of a real partnership.

Good practice for culturally and linguistically diverse parents

When working with culturally and linguistically diverse (CLD) parent groups the following strategies are suggested:

- presenting information in a meaningful way ie: in appropriate languages, with cultural sensitivity that shows understanding of the participants' cultural context

- using interpreters who understand the topic, issues and sensitivities

- using drug and alcohol workers from the same cultural communities

- avoiding the use of drug-related interactive activities until the drug facts / information has been presented and comfort level of participants has been checked.

What doesn't work?

Parent drug education presented in a didactic way with talk, talk and more talk provides parents with little opportunity to discuss their issues. Avoid presentations that are heavily oriented to statistics or dominated by never-ending overheads.

> *What doesn't work?*
>
> **Parent drug education presented in a didactic way with talk, talk and more talk provides parents with little opportunity to discuss their issues. Avoid presentations that are heavily oriented to statistics or dominated by never-ending overheads.**

SECTION 4

Forums Focusing on Young People, Communication and Responding to Drug Use

Clear and effective communication between young people and the important adults in their lives is crucial. This section outlines some of the literature that describes the changes and challenges faced by young people. This information may be presented by facilitators or directly by young people as part of a parent forum.

Communicating with young people

While adolescence may be a difficult time for parents to communicate with their child, it is important for parents to be proactive communicators. Developing a regular pattern of effective communication (and building trust and understanding) can make it easier to address difficult issues like drug use, if and / or when they arise.

A decision to talk to a child because of concerns about their possible drug use or related behaviour requires planning. These concerns might have arisen via another person, some obvious behaviour, or sudden changes in behaviour such as a sudden need for money.

In talking to a child after a drug-related incident, parents need to consider how to express concerns and the reasons for their concerns. It is important to:

- clearly establish the facts relating to the discussion

- avoid becoming focused on detail or being confidential or judgmental

- establish the reasons for the drug use and any support your child requires

- remain aware of the purpose of the discussions

- make it clear that it is the behaviour that is not acceptable, not the child

- consider the timing of communication - while they are intoxicated may not be the best option

- discuss safety issues and negotiate future options

- discuss accessing counselling or other support if relevant.

Focusing on the 'resilience' of young people

One way of avoiding an undue focus on 'the trouble with adolescents' or 'risk factors' for drug use is to discuss adolescence within the context of the 'resilience' of young people.

The concept of resilience has been used to describe a quality that enables people to bounce back from adverse circumstances. It arose from the observation that some people, despite experiencing traumatic, adverse or stressful circumstances, were able to move on from school failure, problematic substance use, mental health problems, and 'delinquency' predicted for them. The aim of education programs based on the concept of resilience is to develop this capacity in young people and to reduce vulnerability and improve coping strategies.

The main attraction of this concept is that it focuses on positive outcomes and on the factors that promote health and well being. Focusing on resilience offers educators and parents a chance to move away from the tendency to concentrate on negative aspects of young people's lives, and reduce negative labelling of young people in need.

Some of the 'protective factors' that are associated with resilient young people focus on the nature of the relationship which young people have with significant others. Key protective factors which have been identified are:

- a positive, caring and supportive relationship with at least one significant adult

- consistently clear, high and achievable expectations communicated to the child

- ample opportunities to participate in and contribute in a meaningful manner to one's social environment.[15]

Similarly, young people who are resilient tend to display the following positive characteristics:

- social competence that allows them to sustain relationships

- use of problem-solving skills in everyday life

- a clear sense of personal autonomy, purpose and future.[16]

These positive characteristics are in fact the focus of school drug education programs. Strategies which aim to prevent and reduce the harms associated with illicit drug use amongst young people may well be more successful if they focus on positive rather than negative behaviour.

2

The major implication from resilience research is that if we hope to create socially competent people who have a sense of their own identity and efficacy, who are able to make decisions, set goals, and believe in their future, then meeting their basic human needs for caring, connectedness, respect, challenge, power, and meaning must be the primary focus of any prevention, education and youth development effort.[17]

Understanding adolescence

While all young people are different, there are common characteristics of adolescent development. Adolescence is a time for progressing from childhood to adulthood, a time for young people to establish independence from family. Dependency on parents reduces and dependence on peers and others outside of the family is strengthened. Parental values and attitudes are often challenged as adolescents strive to develop their own identity including vocational and sexual identity.

An important message for parents is that experimenting and risk-taking are part of adolescents growing up. As part of developing their personalities, young people often experiment with clothes, language and sex. They can also be curious about drugs and may experiment with them.

Some of these associated factors highlight the potential for growth and harms related to risk taking. Taking risks:

- is a component of everyone's life but is particularly associated with adolescence

- is an important feature of adolescent development

- involves meeting challenges

- involves extending one's capabilities

- explores limits

- develops competencies, self-worth and acceptance

- can have negative and positive outcomes

- involves developing decision-making and problem-solving skills to reduce the negatives.

> An important message for parents is that experimenting and risk taking are part of adolescents growing up. As part of developing their personalities, young people usually experiment with clothes, language and sex. They can also be curious about drugs and may experiment with them.

> The overwhelming majority of young Australians do not use illicit drugs at harmful levels. In contrast, 40 per cent report that they binge drink. Young people need to develop strategies, decision-making and problem-solving skills to reduce the negative possibilities of inappropriate risk-taking.

2 *Get Wise: The Student Welfare Action Manual p45 for further information about resilience and the promotion of resilience.*

15 Benard, Focusing Resilience in Kids, Western Centre for Drug Free Schools, San Francisco, 1991.
16 ibid
17 Benard, Peer Programs: A Major Strategy for Fostering Resilience in Kids, Global Learning Communication, 1998.

SECTION 5

Sample Agendas and Activities for Parent Forums and School - Community Events

Drug education parent forums

This section contains three sample agendas and a range of activities suitable for parent forums.

Schools are encouraged to design their own agendas to suit their outcomes.

All agendas are designed for a parent forum of approximately two hours duration.

Time allocated for each activity needs to be flexible. Facilitators need to be aware that people's needs may vary and times need to be adjusted accordingly.

General drug education forum
(2 hours)

Aims / Intentions

- To explain *Get Wise* (and possibly *Get Real*) to parents and increase their understanding about what happens in the classroom.

- To provide an opportunity for parents and students to communicate about drugs and other sensitive health and social issues which concern young people.

- To begin a broader discussion within the community about drug issues and to identify potential partners in this process.

Focus	Suggested Activity	Suggested Time
Welcome - What is *Get Wise?*		5 minutes
Introductions	Parenting in the 1990s *p27*	15 minutes
Drugs in context	Costs of drug use in Australia *p28*	10 minutes
Harm minimisation	What is meant by harm minimisation? *p8* Snakes *p45*	15 minutes
Break		15 minutes
Drug-related harm	Harms ladder *p37*	20 minutes
Communicating with young people / problem solving	It wasn't supposed to be like this *p53*	30 minutes
Question time and close		10 minutes

General drug education forum
(2 hours)

Aims / Intentions

- To explain *Get Wise* (and possibly *Get Real*) to parents and increase their understanding about what happens in the classroom.

- To further enhance parents' knowledge of drugs.

- To provide an opportunity for parents to consider practical communication strategies to foster open and constructive communication with their children.

- To begin a broader discussion within the community about drug issues and identify potential partners in this process.

Focus	Suggested Activity	Suggested Time
Welcome - What is *Get Wise?*		5 minutes
Introductions	Parenting in the 1990s *p27*	15 minutes
Drugs in context	Costs of drug use in Australia. Why do people use drugs? *p28*	25 minutes
Drug information	Defining and describing drugs *p47*	15 minutes
Break		15 minutes
Drug education	Where have we been and where are we going? *p39*	10 minutes
Harm minimisation	What is meant by harm minimisation? *p41*	10 minutes
Communication strategies	Constructive communication: • getting busted *p51* or • creating the conversation *p52*	15 minutes
Question time and close		10 minutes

Drug education forum with an emphasis on illicit drugs (2 hours)

Aims / Intentions

- To gain support for the introduction of illicit drug education into the school health curriculum.

- To explain *Get Wise* (and possibly *Get Real*) to parents and increase their understanding about what happens in the classroom.

- To provide an opportunity for parents to find out more about illicit drugs including prevalence and accessibility.

- To provide parents with practical strategies to minimise harm in relation to illicit drug use by their children.

Focus	Suggested Activity	Suggested Time
Welcome - What is *Get Wise?*		10 minutes
Introductions	Parenting in the 1990s *p27*	15 minutes
Drugs in context	Costs of drug use in Australia *p28*	10 minutes
Trends and prevalence of illicit drug use	Drug use by young people *p31*	10 minutes
Drug information	Defining and describing drugs *p47*	15 minutes
Break		15 minutes
Drug education	Where have we been and where are we going? *p39*	10 minutes
Harm minimisation	What is meant by harm minimisation? *p41*	20 minutes
Question time and close		10 minutes

Summary of activities

Activity No.	Activity name	Purpose
1	**Parenting in the 1990s**	• Icebreaker to encourage parent interaction
2	**Costs of drug use in Australia**	• To highlight the costs to the community of licit and illicit drugs
3	**Drug use by young people**	• To show the prevalence of illicit drug use amongst secondary school students in Victoria
4	**Opinion Poll**	• To provide parents with the opportunity to explore a range of personal values and attitudes • To illustrate the diversity of community attitudes towards drugs and drug use issues
5	**Why do people use drugs?**	• To demonstrate that there are a range of reasons why people use drugs • To demonstrate that reasons for drug use are complex
6	**Harms ladder**	• To raise awareness about the range of harms associated with illicit drug use
7	**Drug education - where have we been and where are we going?**	• To explain the change in approaches to drug education over time
8	**What is meant by harm minimisation?**	• To discuss the concept of harm minimisation in relation to drug use • To raise and discuss any concerns about the harm minimisation approach to illicit drug education in schools
9	**Snakes**	• To explore the principles of harm minimisation in comparison to less successful strategies such as ignoring a problem or promoting abstinence only
10	**Defining and describing drugs**	• To provide an opportunity for parents to access drug information
11	**Key outcomes of our ISDES**	• To provide specific information about school drug education programs
12	**Constructive communication - getting busted**	• To consider a range of responses to difficult situations and consider practical strategies parents could employ to foster open and constructive communication with their child
13	**Constructive communication - creating the conversation**	• To consider a range of responses to difficult situations and consider practical strategies parents could employ to foster open and constructive communication with their child
14	**It wasn't supposed to be like this**	• To consider a range of responses to difficult situations and consider practical strategies parents could employ to foster open and constructive communication with their child • To practice problem-solving techniques

Parenting in the 1990s

Purpose

- Icebreaker to encourage parent interaction.

How

- Ask people to find a partner - either stand up, move around or turn to someone near.

- In pairs, ask people to briefly share their thoughts about one of the statements below. Parents change partners after discussing each statement for a few minutes.

A: The most difficult thing about being a parent is...

B: The most rewarding thing about being a parent is...

C: Your feelings about coming to the forum tonight are...

D: The drug situation in the town you grew up / went to school was...

E: Being a teenager / young person in the future would be ...

3

Tips

Facilitators may ask for a few contributions about a particular statement to share with the large group.

The facilitator should remind participants that the topic of drugs and drug education can trigger responses that draw upon people's emotions and attitudes that can be linked to personal experiences. Remind participants to consider what they share with the whole group, as confidentiality of what is shared cannot be promised. Participants should treat all contributions with respect, regardless of whether they agree or disagree.

activity

3   *Additional warm-up activities can be found in the Get Wise primary and secondary classroom activities.*

Costs of drug use in Australia

Purpose

- To highlight the costs to the community of licit and illicit drugs.

How

- Ask parents to brainstorm some of the costs to the community of drug use. Answers may include hospital costs, rehabilitation, ambulance services, counselling, family trauma, police resources/law enforcement, higher insurance premiums for drivers and loss of productivity.

- Ask parents to estimate which drugs cost the most to the community.
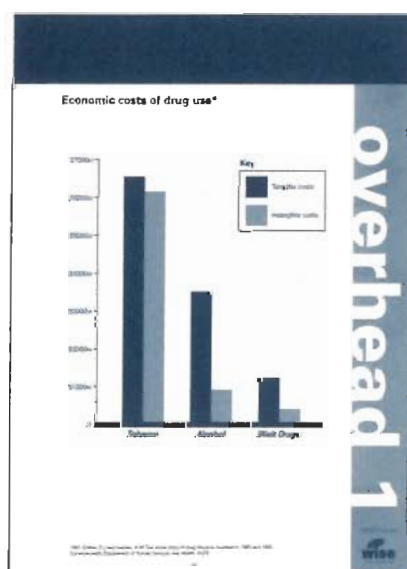
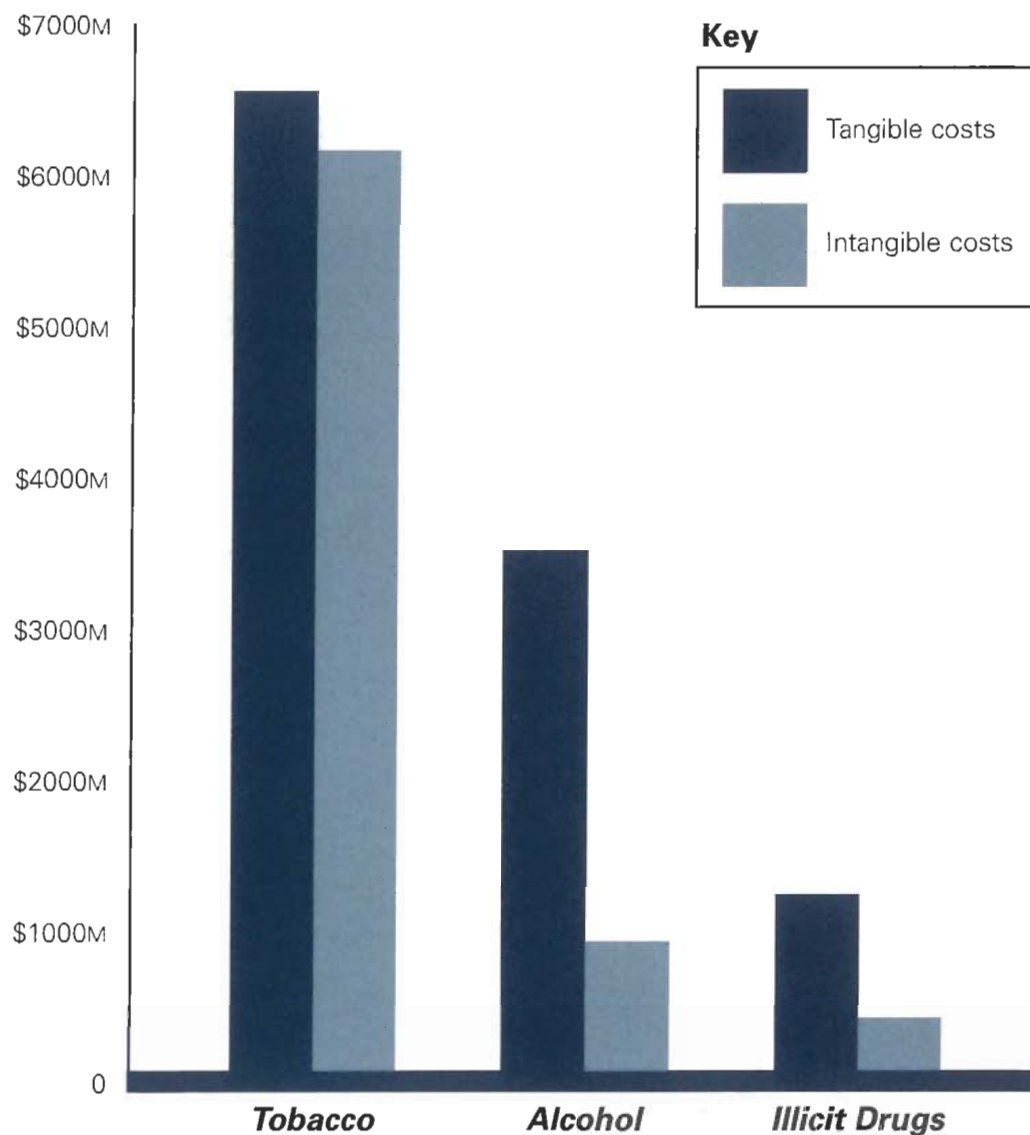- Show Overhead 1 *Economic costs of drug use* and discuss.

   Tangible costs - are those that can be measured. For example counselling, rehabilitation and the costs associated with loss of life or emotional suffering.

   Intangible costs - include the unnecessary use of community resources, for example loss of productivity if someone is injured in a drug-related accident and cannot work.
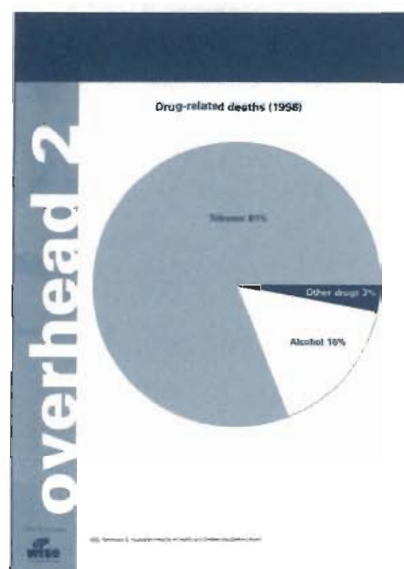
- Show Overhead 2 *Drug-related deaths* and emphasise the following points:

1. legal drugs - tobacco and alcohol account for 97% of all drug-related deaths

2. while there are significant costs associated with illicit drug use, we need to keep these in perspective in relation to costs associated with alcohol and tobacco use

3. the over-reporting and sensationalising portrayal by the media of illicit drug use should be discussed to diffuse possible misconceptions and community alarm.

Economic costs of drug use*

Key
- Tangible costs
- Intangible costs

$7000M				
$6000M				
$5000M				
$4000M				
$3000M				
$2000M				
$1000M				
0				

Tobacco   Alcohol   Illicit Drugs

Parent's Guide

get
wise

29

Drug-related deaths (1996)

Tobacco 81%

Other drugs* 3%

Alcohol 16%
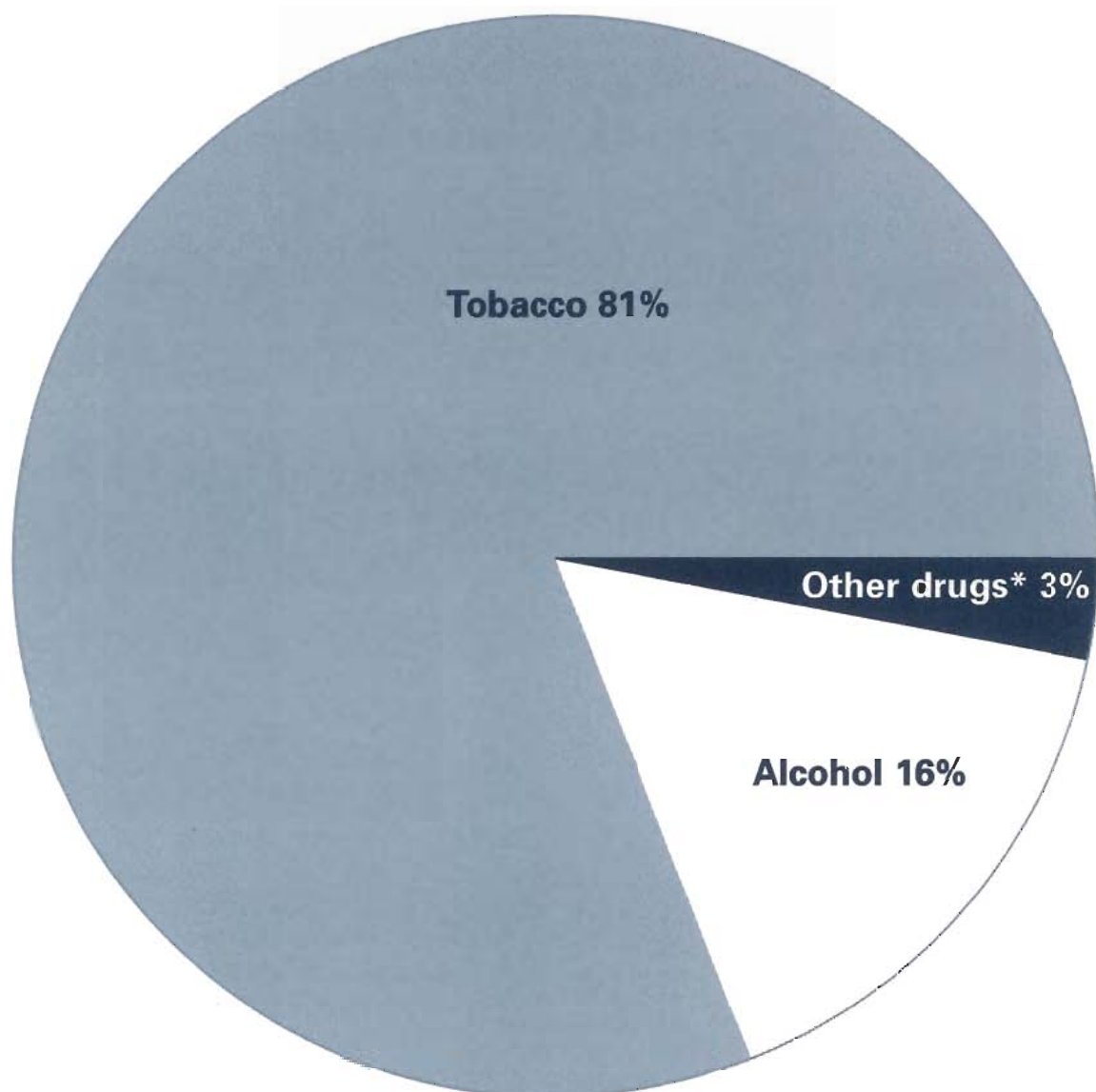
*Other drugs include illicit, inhalents, prescription and over the counter drugs.
Stevenson S, Australian Institute of Health and Welfare unpublished report, 1998.

Drug use by young people

3

Percentage of Victorian Year 7, 9 and 11 secondary school students who have ever used substances for 1996

	Year 7	Year 9	Year 11
Pain relievers*	97	98	98
Sleeping tablets*	16	20	17
Cannabis / Marijuana	15	33	47
Hallucinogens	2	7	8
Amphetamines	2	5	7
Cocaine	3	3	2
Ecstasy	1	3	5
Opiates	3	4	3
Inhalants	34	31	18

Purpose

- To show the prevalence of illicit drug use amongst secondary school students in Victoria.

How

1. Using the table above write the figures for each year level on to an overhead or on the board leaving out the names of the drugs. Explain that these figures represent the percentage of Victorian Year 7, 9, or 11 students who have **ever used** different drugs. Ask parents to guess which drugs match each percentage figure (explain that alcohol and tobacco are not part of the list and why pain relievers have been included).

Complete the table and make the following points:

- cannabis is by far the most widely used illicit drug by secondary school students

- amphetamines and hallucinogens are the second most widely used illicit drugs

- the proportion of students who have ever used cannabis increases markedly from around Year 9 and onwards (Year 7 - 15%, Year 9 - 33%, Year 11 - 47%).

*Note: *While not necessarily illicit drugs, pain relievers and sleeping tablets have been included in drug use statistics. Pain relievers and sleeping tablets may be prescribed or purchased over the counter. Use of these drugs by students while at school may be cause for concern, for example if shared among students, or if used in conjunction with other drugs.*

2. Show Overhead 3: *Drug Use by Young People* (last month) and make the following points:

- the proportion of students who have ever used cannabis increases markedly from around Year 9 and onwards (Year 7 - 15%; Year 9 - 23%; Year 11 - 47%)

- most cannabis and amphetamine use among students is social, experimental or short lived

- 98% of Year 7, 9 and 11 students do not regularly use hallucinogens, amphetamines, cocaine, ecstasy or opiates

- inhalant use reduces in senior students

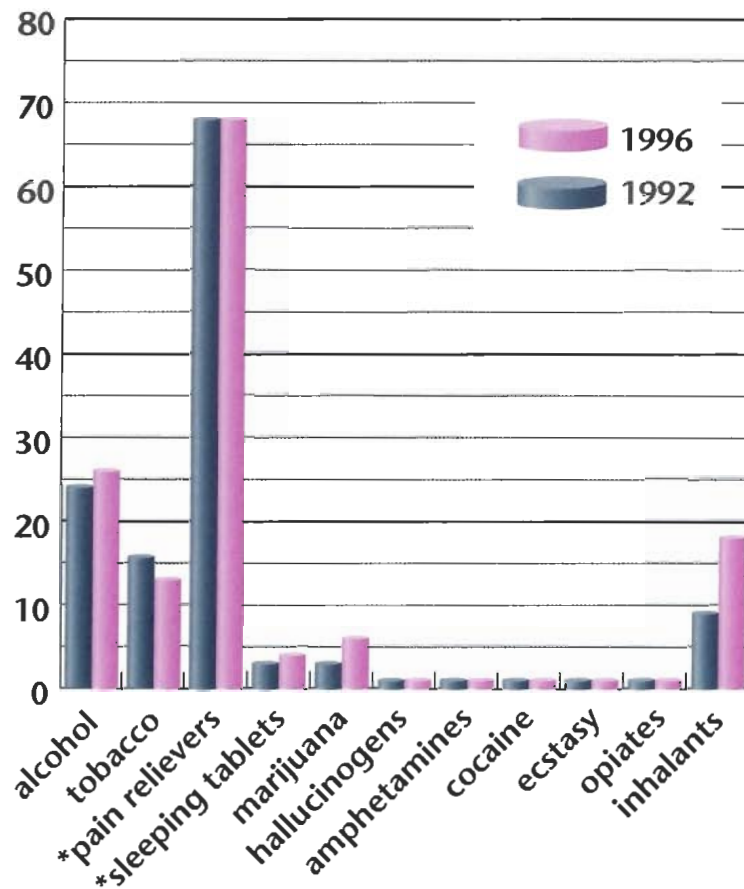- analgesic use is very high.

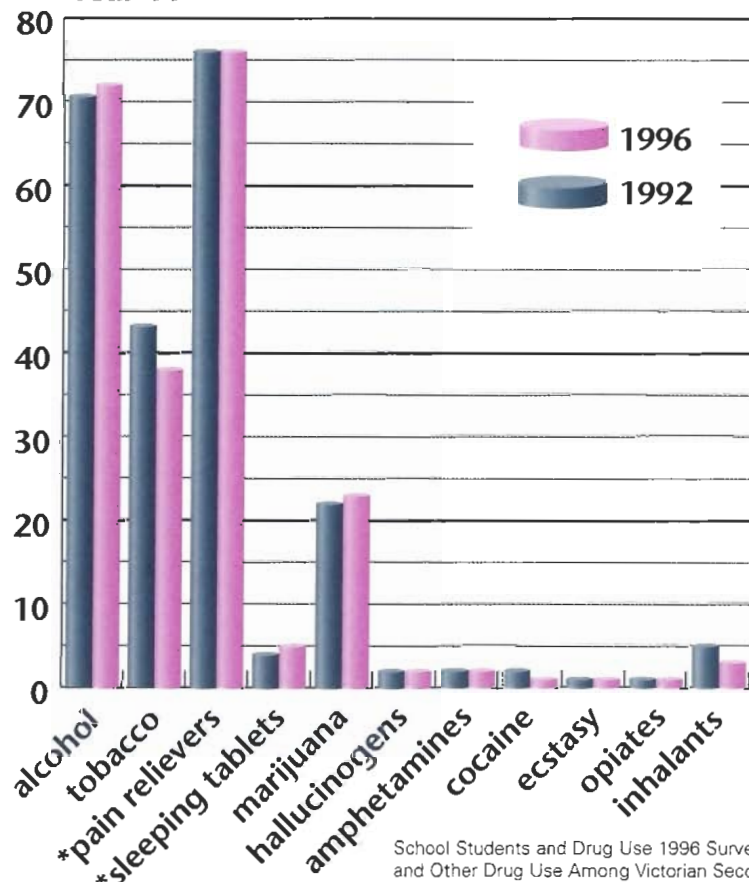### Scare tactics and sensationalism

Exaggerating the dangers and presenting information designed to scare people into believing that drug use and drug users are evil, subversive and a threat to the innocence of young people are ineffective approaches. These approaches can damage the credibility of the program with the audience of parents and/or students who may know people who have used or currently use drugs apparently without any significant negative consequences.

activity

overhead 3

Parent's Guide

get **wise**

Percentage of Year 7 and Year 11 Victorian secondary school students who had used each substance in the last month, 1992 and 1996.*

Year 7

Legend: 1996, 1992

X-axis categories: alcohol, tobacco, *pain relievers, *sleeping tablets, marijuana, hallucinogens, amphetamines, cocaine, ecstasy, opiates, inhalants

Year 11

Legend: 1996, 1992

X-axis categories: alcohol, tobacco, *pain relievers, *sleeping tablets, marijuana, hallucinogens, amphetamines, cocaine, ecstasy, opiates, inhalants

School Students and Drug Use 1996 Survey of Alcohol, Tobacco and Other Drug Use Among Victorian Secondary School Students, Department of Human Services, Melbourne, 1999.

Purpose

- To provide parents with the opportunity to explore a range of personal values and attitudes related to drug issues.

- To illustrate the diversity of community attitudes towards drugs and drug-use issues.

Note: Emphasise that this activity is an opportunity to share opinions. For some of the issues, agreement / disagreement depends mainly on personal values. There are no 'right' or 'wrong' responses. For other issues, agreement / disagreement depends on the definition of terms such as 'bigger problem' or may be informed by research findings.

How

Provide a range of statements relating to illicit drugs.

1. Harm minimisation sends a message to young people that it is okay to use drugs.

2. Parents (not schools) should teach young people about drugs.

3. The purpose of drug education is to stop young people using drugs.

4. Talking about drugs will encourage young people to use them.

5. Having a drug education program in the school makes people think the school has a 'drug problem'.

6. Alcohol is a bigger problem in our community than cannabis (marijuana).

7. Peer pressure is the main reason young people use drugs.

8. Peer pressure is the main reason adults use drugs.

- Designate different areas of the room as 'strongly agree', 'agree', 'unsure', 'disagree' and 'strongly disagree'.

- Select three or four of the statements and present them to the group one at a time. Ask parents to move to the area of the room that best reflect the way they feel about each statement and discuss with someone standing near to them why they chose to move there. Inform them that they may move if they change their mind as the discussion proceeds.

- Invite volunteers to summarise main points of discussion. Encourage and allow a full range of views.

- The role of the facilitator is to summarise and clarify points not to pass judgement.

- The facilitator should be well prepared to provide research-based advice. The following information may be useful.

1 & 4 A harm minimisation approach does not condone or encourage use - rather, it ensures that those who choose to use drugs, are aware of options to minimise harm. The wide range of personal, environmental and social factors that influence young people to use or not use drugs are far more powerful in initiating and maintaining use than the knowledge that some of the harms associated with use can be reduced.

Similarly, the introduction of STD and HIV education into secondary schools has not led to an increase in the number of sexually active school students. It can also be stressed that harm minimisation includes controlling supply and availability, and demand reduction (to reduce use), as well as harm reduction among current users.

5 All schools need to address drug issues in a proactive not reactive way. Much of the publicity about illicit drugs, particularly heroin, can make schools fearful about being labelled a drug school. By the end of 1999 all government schools and most non-government schools in Victoria have drug education strategies. Drug education provides a context around which schools can construct policy, procedures and responses to drug related matters. We live in a drug using society. Schools have a responsibility from both a curriculum and welfare perspective to provide an environment in which drug issues are well managed and students are informed of the harms associated with drug use. This should be part of the general curriculum in all schools.

6 While cannabis is the most widely used illicit drug by secondary students, alcohol contributes more harms. Alcohol contributed approximately 16% of drug related deaths in Australia in 1996. In 1998 over 12 million Australians over the age of 14 consumed alcohol in the last 12 months. It was estimated that over 1 million teenagers consumed alcohol in 1998. More than 480,000 teenagers were regular drinkers and over 650,000 were occasional drinkers. Accidents, suicide and poisoning involving alcohol are significant contributors to drug-related deaths. While many people are effected by problematic cannabis use very few deaths have been attributed to cannabis.

7 & 8 Young people (like adults) use drugs for a range of emotional, physical, social, intellectual and environmental reasons. These can include: experimentation, the need to feel relaxed or accepted, pleasure, pain or stress.

Problematic drug use does not come about as a result of accidental or experimental exposure to drugs. Drug problems in young people are usually part of a bigger problem such as not fitting in at school, problems at home, not knowing how to handle interpersonal relations, etc.

Experimenting and taking risks are an important part of growing up. The term 'peer pressure' can be patronising to young people. It implies powerlessness and malleability. Adults rarely describe their own drug use as being due to 'peer pressure'. The forces of social influence are similar for adults and young people.

Note: This activity may be confronting for some people and should be used with some sensitivity particularly in the initial stages of working with culturally and linguistically diverse parents.

Why do people use drugs?

Purpose

- To demonstrate that there are a range of reasons why people use drugs.

- To demonstrate that reasons for drug use are complex.

overhead 4

Why young people use drugs
- to enjoy themselves with friends
- curiosity, to see what it's like
- to feel good
- pleasure / fun
- availability
- to cope with problems
- to fit in with a particular group
- to relax and relieve tension
- relief from pain
- illness
- dependence

Why adults use drugs
- to be sociable
- pleasure / fun
- to feel good
- to relax and relieve tension
- to escape worries
- availability
- relief from pain
- illness
- dependence

How

- In pairs or small groups, ask participants to respond to the question 'Why do people like to go to football games / movies / festivals?' (choose one of these events).

- Ask them to suggest reasons why they or other friends might use alcohol.

- Ask the group to identify responses common to both questions. This may be done orally or written up on a white board. Some common reasons will include: to have a good time, feel part of a group, to be social, to see their friends, habit, relieves stress / tension, to relax.

- Make the point that people often use drugs as part of their recreation in the same way that many people use football / movies / festivals, etc.

- Ask participants to suggest or share with a partner all the reasons why young people use alcohol and other drugs. If students are present they may like to partner with another student and then compare reasons. Record all responses.

- Ask what similarities are noticed between the reasons for adults using alcohol and young people's drug use?

- Overhead 4 *Why Young People Use Drugs*. Highlight that many reasons are similar between adults and young people.

- One difference is that young people may use to experiment, where as adults may have already done most of their experimenting.

- Make the following points if they do not emerge during the discussion:

  1. There are many perceived harms associated with drug use and there are also perceived benefits. Young people, just like adults are aware of this. They may have seen others enjoy drugs or had positive experiences themselves. They may also have had negative experiences

  2. Reasons for using drugs are similar for young people and their parents

  3. There is a tendency to believe that young people use drugs for unreasonable and irrational reasons, and that adult drug use is considered, rational and reasonable. We should avoid stereotyping young people in this way.

activity

Why young people use drugs

- to enjoy themselves with friends
- curiosity, to see what it's like
- to feel good
- pleasure / fun
- availability
- to cope with problems
- to fit in with a particular group
- to relax and relieve tension
- relief from pain
- illness
- dependence

Why adults use drugs

- to be sociable
- pleasure / fun
- to feel good
- to relax and relieve tension
- to escape worries
- availability
- relief from pain
- illness
- dependence

Harms ladder

Purpose

- To raise awareness about the range of harm associated with illicit drug use.
- To raise awareness about the different perceptions held by parents, teachers and students. It also provides the facilitator with information about parents' perspectives.

How

- Prepare several sets of Harm Cards. These have been provided to photocopy or make up your own. Distribute one set of Harm Cards per small group.
- Make up two signs 'most harmful' and 'least harmful' (one pair per group) and instruct groups to lay them out on the floor or on a table with space in between.
- Ask groups to discuss and rank the drug-related harms or behaviours from most harmful to least harmful, placing at an appropriate point between most and least harmful.
- Discuss different groups' rankings and reasons.
- Discuss the importance of knowing about variables such as:
  - the environment: at home, at parties, with friends
  - the drug: the amount, purity, how it's taken
  - the person: body size, gender, mood, age.

Extension / variation

- Include a demonstration by students, or a report on how students ranked the harms.
- Refer to consequences as listed in *The A to Z of Illicit Drugs, p8*.
- The list of harms could be distributed to everyone or each pair for discussion. This will not result in as great a range of opinions as the harms ladder but it will take less time while still raising the issue about harms associated with drug use.

activity

Suggested set of Harms Cards

✂

Getting stoned on marijuana occasionally	Having a glass of champagne at a wedding	Getting stoned on marijuana everyday
Getting into a car with someone who is affected by drugs	Taking amphetamines to keep studying all night	Sniffing glue/petrol
Using false ID to purchase alcohol	Drinking and driving	Taking steroids
Growing two marijuana plants in the backyard	Getting very drunk at a night club while underage	Accepting an ecstasy tablet from a friend at a rave party
Having a joint at home with your parents	Smoking heroin	Injecting heroin
Buying speed/ecstasy on the street	Being charged with a drug offence	Swimming at night after drinking
Not seeking help for a friend who seems to have a drug problem	Passing out in a park after drinking	Crashing out at a party from mixing alcohol and marijuana

Drug education: where have we been and where are we going?
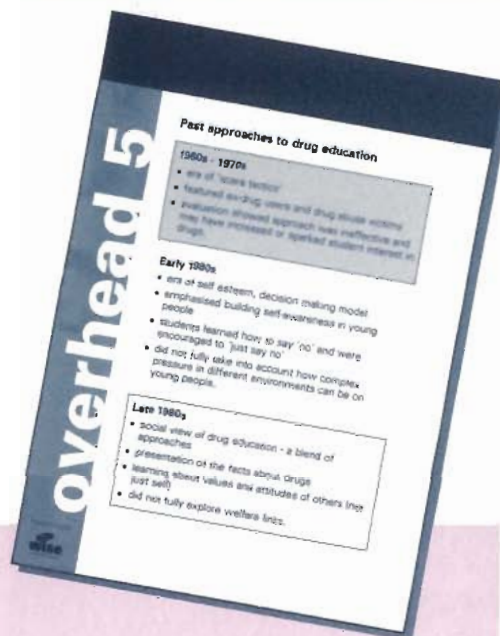
7

Purpose

- To explore the change in approaches to drug education over time.

How

- Ask participants to recall drug education when they were at school and share responses with the large group.

- Use the Overhead 5 *Past Approaches to Drug Education* and speak using the information described below. Use school examples where appropriate.

The earliest forms of drug education in Australia tended to warn students about the dangers of drugs. These warnings were often exaggerated and many students realised that the information provided by teachers lacked credibility. School programs were rendered ineffective and at times counter productive.

Realising these 'credibility' problems, there was a trend toward delivering factual and accurate information about drugs with no moral statements. While this was more credible, it lacked a social or personal context. In other words, some students found themselves with a lot of information about drugs, but with no education or training about what to do with it. Once again, drug educators were unclear about the effectiveness of the approach.

Consequently, some teachers determined that it was misguided to focus on specific issues like drugs. A more strategic approach was to teach personal development skills. If young people developed their self-esteem, thought deeply about their values and applied these to making decisions, they would be more inclined to avoid harmful or hazardous drug use.

This approach, was partially successful. Teachers found that they could develop the personal skills of young people. Unfortunately, the same young people failed to apply their improved decision making skills to drug use behaviours. If teachers did not make the connections between personal skills and drugs, neither would their students. In reality, young people were to a large extent the products of their circumstances. Their choices were determined by their own priorities, in some cases limited by their experience and often contrary to their values (which changed depending on the environment in which they were making decisions).

In the course of the 1990s, the harm minimisation approach to drug education has been adopted by schools nationally. The best examples of this approach have a comprehensive drug education curriculum from P-12, a strong pastoral care and welfare focus, clear rules, guidelines and consequences, parent involvement and community-based partnerships.

Past approaches to drug education

1960s - 1970s

- Era of 'scare tactics'.
- Featured ex-drug users and drug misuse victims.
- Evaluation showed approach was ineffective and may have increased or sparked student interest in drugs.

Early 1980s

- Era of self-esteem, decision-making model.
- Emphasised building self-awareness in young people.
- Students learned how to say 'no' and were encouraged to 'just say no'.
- Did not fully take into account how complex pressure in different environments can be on young people.

Late 1980s

- Social view of drug education - a blend of approaches.
- Presentation of the facts about drugs.
- Learning about values and attitudes of others (not just self).
- Did not fully explore welfare links.

What is meant by 'harm minimisation'?

Purpose

- To discuss the concept of harm minimisation in relation to drug use.

- To raise and discuss any concerns about the harm minimisation approach to illicit drug education in schools.

How

- Brainstorm with parents the advantages and disadvantages of using cars as a mode of transport.

- Indicate that although there are disadvantages associated with using cars, they are still a favoured means of transportation.

- Brainstorm strategies that have been implemented by governments and individuals to make travelling by car safer. For example: air bags, establishing standards of manufacture, speed limits and random breath testing. These are ways of preventing and reducing the potentially harmful consequences associated with using cars.

- *Explain that this analogy* can be applied to drugs and harm minimisation approaches that aim to prevent and reduce the harmful consequences of their use. Use Overhead 6 *Defining harm minimisation* and use the script following to describe harm minimisation.

Harm minimisation is a new term for an old concept. People always have and always will participate in risky activities such as playing sport, working, developing relationships, living in large cities, consuming alcohol or using other drugs. We do these things, not because we don't value our life and health, but because we perceive benefits outweigh the risks. Campaigns designed to eliminate risks by persuading people not to engage in activities they value have had mixed success. Some people stop (or don't take up) the activity and reduce harms. Others, for a variety of reasons, continue to participate in the 'risky' activity, but attempt to reduce the risks by, for example, reducing the frequency of the activity, or only using drugs at home. Investing all our resources in simply trying to prevent use means that we forgo the benefits of assisting these latter groups to reduce the health, social, legal and economic consequences of their use. History tells us that we will never be successful in preventing all people from using drugs.

- Explain that harm minimisation as an approach to drugs and drug use issues has been adopted for the national and Victorian drug strategies.

- In small groups, parents brainstorm ways to minimise the harms (for self and others) associated with tobacco use.

- Using Overhead 7 *Harm minimisation strategies (tobacco)*, introduce the different harm minimisation categories: reducing supply, reducing demand and reducing harm. Explain that harm minimisation is an overall approach that includes all three. In the past, the focus has been on reducing supply and reducing demand, which has not reduced the harm associated with the use of illicit drugs.
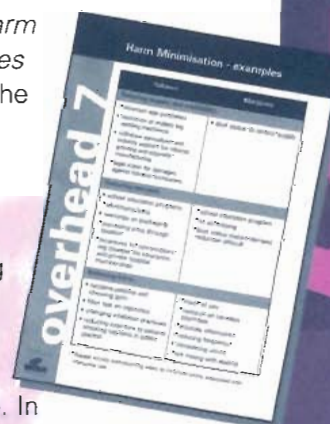
activity

Tip

Throughout this activity, use the following points to reinforce the importance of a harm minimisation approach including harm reduction strategies to address illicit drug use.

We will never be successful in preventing or stopping all people from using illicit drugs.

If we invest all our resources in trying to prevent drug use we forego the opportunity to assist users to reduce the adverse health, social and economic consequences of their use.

The benefits of reducing the harm associated with illicit drug use are not restricted to users - families and the community as a whole benefit from, for example, reduced spread of HIV and Hepatitis C infection.

Harm reduction strategies such as educating users and providing them with the means to inject more safely have been shown to be cost-effective.

Harm reduction strategies have also been effective in relation to use of legal drugs (eg dramatically reduced road toll in Victoria due to reducing some of the harms associated with alcohol use).

People use harm reduction strategies in many aspects of their everyday life.

Harm minimisation

Involves a range of approaches to prevent and to reduce drug-related harm, including prevention, early prevention, specialist treatment, supply control, safer drug use and abstinence.

National Drug Strategic Plan. 1993

Harm minimisation strategies can be broadly divided into three categories:

Supply Control
(supply control and legislation)

Demand Reduction
(education and prevention)

Harm Reduction
(educating to reduce drug related harms)

Harm minimisation - examples

	Tobacco	Marijuana
Reducing supply and availability	• minimum age purchases • restriction of outlets (eg vending machines) • withdraw agricultural and industry support for tobacco growing and cigarette manufacturing • legal challenges to tobacco companies.	• illicit status to control supply • customs regulations and surveillance.
Reducing demand	• school education programs • advertising bans • warnings on packaging • increasing price through taxation • incentives for non-smokers (e.g. cheaper life insurance, and private hospital membership).	• school education programs • information about possible effects • counselling and treatment • alternative interests and hobbies.
Reducing harm	• nicotine patches and chewing gum • filter tips on cigarettes • changing inhalation practices • reducing exposure to passive smoking (e.g. bans in public places).	• reducing frequency of use • using in safe places • not mixing with other drugs • not sharing bongs or joints • not driving or operating machinery while intoxicated.

• Repeat activity brainstorming ways to minimise harms associated with marijuana use.

• While discussing tobacco, cover over marijuana section.

Snakes

Purpose

- To explore the principles of harm minimisation in comparison to less successful strategies such as ignoring a problem or promoting abstinence only.

How

- Ask for two volunteers to read out scenario one. This may be followed by brief discussion of:

    1. What are the parents trying to protect their children from?

    2. What strategies have they discussed?

    3. Which are likely to be the most effective?

    4. What else could they try?

- Ask for two different volunteers to read out the second scenario.

Follow up with the same questions as for scenario one but ask these further questions:

1. Are the two scenarios the same or different?

2. Are the issues different when drugs are involved?

3. What are the most effective strategies likely to be? Can you suggest others?

4. What are the most effective harm minimisation strategies?

SCENARIO 1:

Dad   *I'm really worried about the kids. There are lots of snakes around out there.*

Mum   Well there's no way we're going to move. You're always worrying about something.

Dad   *Perhaps we should keep them inside over summer.*

Mum   They'd drive us crazy. Anyway they have to walk to the bus every day. I'll mow the lawns.

Dad   *Do you think we should talk to the kids about snakes, tell them some scary stories?*

Mum   No, I know Josh would just go looking for them then.

Dad   *But I heard of a two year old who picked up a snake because they thought it looked pretty and got bitten.*

Mum   Well I guess they need to know what to do if they come across one. Surely they teach them that at school.

Dad   *Well they might but it's our problem. We could get a book or first aid video from the library and show them what to do if they get bitten.*

Mum   Yeah we better make sure they know how to protect themselves.

✂ —

SCENARIO 2:

Mum   I'm really worried out the kids. There are a lot of drugs around out there.

Dad   *Well there's no way we're going to move. You're always worrying about something.*

Mum   Perhaps we should keep the kids inside.

Dad   *They'll drive us crazy. Anyway they have to go to school every day.*

Mum   Do you think we should talk to the kids about drugs, tell them some scary stories?

Dad   *No, I know Brendon would just go looking for them then.*

Mum   But I heard of a ten year old who took pills someone had offered to him.

Dad   *Well I guess they need to know what to do if they came across them. Surely they teach them that at school.*

Mum   Well they might but it's our problem. We could get a book or a video from the library and talk to them about what to do if they get offered drugs.

Dad   *Yeah we better make sure they know how to protect themselves.*

activity

Purpose

- To provide an opportunity for parents to access drug information.

Note: This activity involves distributing the series of secondary student pamphlets from the Secondary Curriculum Activities or pamphlets available from other agencies and departments.

Depending on time restrictions, and the intention of the forum, they may be better given as sheets to take home.

How

- Display or distribute pamphlets and let people read, look at and talk about these

- In pairs or small groups, ask parents to locate the answers to the questions listed below (or make up your own).

Pamphlet scavenge

1. List two stimulant drugs.

2. How do drugs classified as stimulants, affect the body?

3. List two depressant drugs.

4. How do drugs classified as depressants, affect the body?

5. How does heroin affect the body?

6. What is the law regarding cannabis?

Tip

The aim of a parent drug education forum is to provide accurate, current and non-judgmental information. It is not to turn parents into drug experts, investigators or counsellors. Avoid too much time being taken up with technical questions about the effects of drugs.
For more information refer parents to local services or information sources such as Direct Line, and the Australian Drug Foundation.

activity

Key outcomes of our Individual School Drug Education Strategy

Purpose

- To provide specific information about school drug education programs.*

How

- This activity is best facilitated by a member of the school's core team (this may include a parent). Show Overhead 8 and 9 *Key Outcomes of a Drug Education Program*, and *Key Outcomes of our Individual School Drug Education Strategy* and refer to the *Individual School Drug Education Strategy Guidelines*, Sections 1,2 & 3. Use school examples where appropriate and elaborate on key goals and initiatives.

Tip
Ongoing, comprehensive, sequential and developmentally appropriate drug education programs have the capacity to take into account the complex and changing nature of drug-related behaviour. Programs that are separate or isolated in nature lack continuity and may be of little relevance to students.

Key outcomes of a drug education program include

- Knowledge
- Awareness of potential harms
- Personal and social skills
- Understanding of broader social issues
- Appropriate pastoral care and welfare structures
- Parent involvement
- Community partnerships.

overhead 8

Key outcomes of our Individual School Drug Education Stategy

- Drug education is a core component of the curriculum
- Goals for both drug-related curriculum and student welfare
- Each student receives relevant, comprehensive, sequential and appropriate drug education prevention and intervention programs
- A supportive environment that involves parents and the wider school community in drug-related curriculum and welfare issues
- Access to a comprehensive and up-to-date list of resources, support services and agencies.

overhead 9

*Programs that acknowledge only the negative aspects of drug use lack credibility.

*Programs should have a realistic balance between licit drugs including medicines, alcohol and tobacco and illicit drugs such as cannabis and heroin.

Key outcomes of a drug education program include

- Knowledge

- Awareness of potential harms

- Personal and social skills

- Understanding of broader social issues

- Appropriate pastoral care and welfare structures

- Parent involvement

- Community partnerships.

Key outcomes of our Individual School Drug Education Strategy

- Drug education is a core component of the curriculum

- Goals for both drug-related curriculum and student welfare

- Each student receives relevant, comprehensive, sequential and appropriate drug education prevention and intervention programs

- A supportive environment that involves parents and the wider school community in drug-related curriculum and welfare issues

- Access to a comprehensive and up-to-date list of resources, support services and agencies.

Purpose

- To consider a range of responses to difficult situations and consider practical strategies parents could employ to foster open and constructive communication with their child.*

How

- Read the following scenario and then ask the group to consider the questions following.

4

Scenario: 'Getting Busted'
Your 16 year old son / daughter, Sam, went to a friend's place last weekend and was caught by the parents who arrived home unexpectedly and found a group of Sam's friends smoking marijuana. The parents rang to inform you and were quite outraged.

Try out one or a number of the following conversations (A,B,&C) with your son or daughter

You may ask a few people to role-play what they think it would look or sound like. Alternatively the discussion could be more general in small groups about how the conversation might go.

A: The father used to smoke marijuana when he was young and doesn't think it is a dangerous drug, but the mother is very worried about what the other parents think.

B: This is another episode in a long line of events where the son / daughter has behaved in an unacceptable way. You are concerned that something is really wrong and you don't really know what to do next.

C: You are furious because there had been a prior conversation about drinking and drugs at the party.

Questions to ask:

- What are the parents worried about in the different conversations?

- What should they want to achieve?

- How effective do you think their attempts were?

- How would you describe / rate each way of communicating?

- Which is the most likely to achieve the desired outcome(s)?

Invite parents to share suggested ideas about how they might start or have the conversation. Refer to *Constructive Communication* handout.

There are several activities suggested and the facilitator should make choices based on available time and preference for the actual medium (written, video, scenarios).

4 *For more details about conducting role play activities refer to the student activity on role-plays in the Secondary Curriculum Activities, Get Wise, p52*

Purpose

- To consider a range of responses to difficult situations and consider practical strategies parents could employ to foster open and constructive communication with their child.

Tip

Stress that often there is a difference between the way we want to act and the way we actually act.

How

- Distribute a 'What if?' situation to small groups for discussion. (Give each person a copy of the 'Constructive Communication' handout for them to consider in their discussion p54.)

- Parents discuss;

  * What if you were in this situation?

  * What could you do?
    What would you do?

  * Are we always aware of our own behaviour?

"What if" situations:

You discover a foil of marijuana in your daughter's drawer.	You discover your Year 11 daughter went to a dance party / rave when she was supposed to be staying at her friend's house.	Your son informs you that students inject in the parklands at the rear of the school.
Your daughter tells you that her teacher smoked marijuana when he was a student at school.	You hear rumours that your child's friend's parent was convicted of a minor drug offence. Your child has planned to spend the weekend there.	
You find out that your friend's child has been involved in drug experimentation however at this stage it has led to no apparent harm.		You read in the local newspaper about the drug problem at your teenager's school.

activity

Purpose

- To consider a range of responses to difficult situations and consider practical strategies parents could employ to foster open and constructive communication with their child.

- To practice problem solving through communication.

How

- Show video selection 'It wasn't supposed to be like this'.

`5 c`

- In small groups, ask participants to discuss the questions below. If students are present you may want to set up separate student and parent groups and then share ideas.

Discussion questions:

1. What are the main issues for the parents?

2. What are the main issues for the children in the video?

3. The father makes the comment 'What do you mean nothing happened, the house pongs of smoke, all the grog's gone and who knows what else happened?' What else might he be referring to?

4. Do you think it makes any difference if Mark and Fran's friends have been smoking dope at the party?

5. Does it make a difference if they were using other drugs? Why?

6. How appropriate is the reaction and the behaviour of the parents in the video?

7. Suggest how the parents could have handled any part of the conflict differently.

8. Suggest any harm minimisation strategies that you might be happy to negotiate with your child before during and after such an event.

Video Story Line: Narrative

When Mark and Fran's parents return home following a night away their neighbour informs them that their home was the venue for a party the night before.

The video shows the parents as angry, upset and disappointed and inquiring as to 'just what went on'. They are aware there was some alcohol but as to what else happened, who knows? During the discussion and conflict it becomes clear that Fran, aged 15, had been drinking scotch and that the party had gotten out of hand.

While the father's approach is somewhat angry and aggressive, the mother is calmer, reasonable and concerned about the potential for harm that her children may have experienced.

The video presents one reaction to a situation and raises several issues including breaching trust, communication, telling the truth, different expectations of sons and daughters, damage to property and dealing with conflict. It presents real issues for both young people and the adults responsible for them.

activity

Considerations for constructive communication with your child

Some points to consider when communicating about drugs:

- be natural, since nobody likes talking to someone who is insincere

- be non-judgmental

- listen to your child's view and try to respect their opinion

- use open-ended questions

- provide accurate information, although avoid using it to control the conversation

- if you have a difference, put it to one side and perhaps agree on a plan to explore the issue further

- brainstorm solutions together

- focus on the behaviour, not the child.

- safety is a key consideration

And remember, sometimes your child will make decisions that you don't like.

Some hints when responding to drug use

Responding to drug use can be taken one step at a time using the **STEP** process. This process considers;

S = strategy (how), for example:

- gathering all the facts and determining what has been used and patterns of use

- discussing what you have observed

- listening

- increasing communication

- seeking assistance if necessary

- trying to resist making accusations.

T = timing (when), for example:

- talking to your child when they are sober or straight

- choosing a time when you think there will be minimum interruptions

- ensuring that you are in an appropriate frame of mind (that is, not angry or stressed).

E = environment (where), for example:

- approaching the young person discreetly so as not to embarrass them

- being respectful

- ensuring confidentiality and being aware of others who may be around.

P = philosophy (the approach used), for example:

- showing a caring attitude and intention to understand the situation

- showing a genuine interest in the reasons behind drug use

- discussing the issues as a concern and not a problem

- disapprove of the behaviour and not the child.

Appendix I

Parent's Guide

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Dealing with a drug-related incident

Intoxication

Intoxication is 'a state resulting from the intake of a quantity of a drug(s) which exceeds the individual's tolerance' or 'the state which produces behavioural and / or physical abnormalities resulting from the intake of a drug(s)'.

For further information, Direct Line provides 24 hour advice and counselling. Telephone (03) 9416 1818 in the Melbourne metropolitan area or 1800 136 385 in country Victoria.

The situation and getting help

Monitoring is important since an intoxicated person's condition might deteriorate. A carer should monitor breathing patterns, pulse, responses to questions, level of drowsiness, tremors, shaking, restlessness, levels of anxiety, depression and hallucination.

An ambulance should be called if a person develops:

- seizures
- extreme confusion or delirium
- lack of response to stimuli
- persistent severe headaches
- loss of consciousness
- extreme anxiety.

When calling an ambulance, try to remain calm and ask people around to be quiet. Have the name and address ready for the operator including the nearest cross road or any landmarks. Notify if the person is conscious, or has a pulse and explain the circumstances around what happened. Information provided should be concise and accurate.

Panic attacks, extreme anxiety, agitation, hallucinations, violence, anger, aggression and psychiatric disturbance are all possible symptoms of intoxication. A school may provide parent programs that discuss ways of responding to these states. These sessions will most likely be conducted together with health professionals who have the appropriate level of expertise.

Communicating with agencies

Community agencies and organisations are able to support the school program in many ways. For example by providing:

- information to teachers and parents to support their programs
- support to students or families for counselling, treatment or professional advice
- assistance with planning a program or unit of work with teachers
- providing professional development opportunities for staff
- presentations with a view to model or team teach as part of a professional development program
- referrals to other available resources and agencies.

Communicating with parents after a drug-related incident

If a school has a drug-related incident they may wish to communicate with the broader parent community. It is important that the following points are clarified:

- Why does the school need to communicate?
- What strategies will be most appropriate?
- What session(s) are required?
- What level of resourcing, skills, and / or knowledge are needed?
- Who should facilitate the communication?
- How will the communication strategy be promoted?

It is important to consider issues including:

- the rights of the people involved in the incident, such as confidentiality and the problems associated with rumours
- the school's drug education program
- the process implemented for dealing with the incident
- appropriate ways for parents to become better informed, to express points of view and to become involved in future planning or initiatives.

Delroy Secondary College had a significant issue regarding cannabis use by a number of students.

Following a process to address this issue with the students involved and the rest of the school community, a support group for the parents of the students involved was offered and organised.

The parent support group was offered a program to update their knowledge of drugs and their effects, and to discuss some of the implications of the drug information provided. They also shared some useful stories and strategies linked to the cannabis incident and talked about ways of communicating with their children about the incident and negotiating issues if they arose. The support of the school in offering and arranging expert speakers and facilitating the parent support group was valued by the parents, staff and students involved.

Other resources:

- see the *Get Wise Principal's Guide* for tips on working with the media.

- a full set of the student pamphlets from *Get Wise: Primary & Secondary Curriculum Activities*

- activities from the *Get Wise: Primary & Secondary Curriculum Activities.*

parent letter

Date _____

Dear _____

Like many other Victorian schools, _____ (name of school), is planning to / now offer(ing) a comprehensive drug education curriculum around the topic of illicit drugs from a comprehensive resource titled *Get Wise (Working on Illicit in School Education)*. This will add to the work we currently do with licit drugs.

A number of members of the community have been consulted and believe that *Get Wise* is an important initiative. It examines illicit drugs in particular because, whether or not a student chooses to use illicit drugs, he or she will be exposed to the issue of drug use through others and the media at some point in their lives.

Unfortunately, there is a lot of inaccurate and confusing information about drugs in the community. Teachers and welfare staff at this school have been trained to deliver accurate and effective drug education programs and have access to up-to-date facts about drugs.

You are invited to attend a special parent forum called '_____' to introduce the *Get Wise* program. You will receive important new information about the effects of drugs and have the opportunity to explore why and how you can help your child minimise the harms associated with drug use.

The format of the night will include: (list key agenda items).

Please complete and return the reply slip below, and feel free to contact _____ with any questions you may have about the event.

We look forward to seeing you there to discuss these important issues.

Yours sincerely

Principal / *Get Wise* Coordinator

✂ —

I _____ will / will not be attending the drug education parent forum to be held on _____.

Signed: _____

Commonly asked questions

Experience from parent forums has highlighted some commonly asked questions. Facilitators should be aware of ways to respond and how to deflect or diffuse difficult situations. A number of resources are available and it is advisable to be familiar with these prior to a parent forum.

A few common questions follow.

How can I tell if my child is using an illicit drug?

There is no simple way to identify illicit drug use:

- any change in behaviour may not have its origins in drug use, but may simply be an indication of an unrelated matter such as a broken relationship or study stress

- different people respond in different ways to the same drug. The quantity taken, the frequency and the context in which it is taken will all influence the response. Where there is multiple drug use, any indications may be varied and confused

- signs of dependence may only become noticeable when the person goes without the drug for a time

- it is often difficult, even for a trained person to detect if someone is under the influence of drugs.

Where do I stand legally if kids are smoking dope at my house?

In Victoria, a person is breaking the law if he / she possesses, uses, grows or sells marijuana, hash or hash oil. The police response will depend on the nature of the circumstances and the amount of marijuana involved.

At what age should I be talking about illicit drugs with my child?

If a child asks a question, answer it to the best of your ability no matter what drug they have asked about - licit or illicit. If the child is very young they will take in as much as they are able and may ask the same question again when it is of further interest or relevance.

Children will inevitably want to know the answers to difficult questions. If you are uncertain of the facts it may be helpful to do some research. Your local school or the Australian Drug Foundation should be able to provide up-to-date practical information.

Can harm minimisation encourage young people to use drugs?

Harm minimisation recognises that people make choices about drug use. Some choose not to use, others live or work with people who use, some experiment and others make harmful or problematic choices.

Given that we live in a drug-taking society harm minimisation advocates for reducing harm associated with drug use. We practice harm minimisation in our daily lives in many ways. Having roll bars on tractors, adjusting the temperature on hot water systems, wearing flat shoes or wearing a sun hat are all examples of harm reduction. It is sensible to promote a strategy that acknowledges drug use, or reinforces strategies for those who choose not to use, and is active in preventing potential harm associated with such use. It is better to be informed than to ignore such harms.

What do the police do with kids who are caught using illicit drugs at school?

The police are notified if illicit drugs are involved in an incident at school. If the young person involved is under 17 years, the police will contact the parents (if this has not been already done by the school) and gather more information from the young person and parents.

What happens from then on will depend on the circumstances surrounding the offence, the young person's history of offending and the legislation. If the drug involved is cannabis the young person may be given a caution (if it is a first offence and consent to the caution is given) or charged and summoned to appear in a children's court. The caution may involve linking the young person to a treatment agency.

What can parents do to support a school's drug strategy?

By becoming more aware of a school's drug education strategy and the underlying principles and implications of such a strategy, partnerships between parents and the school can be developed.

Parents can contribute by applying similar principles to those of the school to establish a consistent message between home and school. If the home and school can compliment each other by establishing similar expectations and boundaries it provides young people with clear and uniform guidelines.

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Drug Education Resources for Schools and their Communities

get
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Working on **I**llicits in **S**chool **E**ducation

Primary

classroom
activities

State Government
Victoria

Department of
Education,
Employment and Training

COMMUNITY SUPPORT FUND
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Working on Illicits in School Education

Drug Education Resources for Schools and their Communities

This resource has been developed by the Victorian Department of Education, Employment and Training in collaboration with the Youth Research Centre, University of Melbourne, and Education Image Pty Ltd.

Get Wise Working Party

The following organisations and individuals have made an invaluable contribution to this project as members of the Working Party convened by the Department of Education, Employment and Training :

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Contents

How to use this booklet

Each lesson has been designed around the following structure:

Key understandings

The key understandings are based on a harm minimisation philosophy. They assist teachers to direct the activities in a purposeful manner, and ensure that students are exposed to a range of understandings as a basis for a comprehensive drug education program.

Key skills

Key skills are listed for each activity. Highlighting the key skills assists teachers to provide students with opportunities to practice these skills throughout an activity.

Curriculum and Standards Framework (CSF II) learning outcomes

Health and Physical Education key learning outcomes have been used for *Get Wise*. All activities have been written to address **CSF II Level 4** learning outcomes. These outcomes are printed at the beginning of each activity. The strands of Health of Individuals and Populations, Self and Relationships and Movement and Physical Activity are represented in the curriculum materials. The learning outcome(s) identified are the ones that would be most clearly addressed using a particular activity. While *Get Wise* has been developed using the Health and Physical Education learning area, the activities cover a range of issues and skills that could be addressed from a number of other key learning areas such as English, Science, The Arts and Studies of Society and Environment.

Resources

Each activity identifies a list of resources required to complete the activity. In most cases these are provided with the *Get Wise* resource.

How

Within each activity, under the section 'How', a step-by-step suggested lesson plan for teachers is provided.

Sample questions

Sample questions are also provided within each activity. These questions are to further enhance the key understandings and learning outcome(s). They are written for the teacher to use with students. These questions may be used in any of the following circumstances:

* as part of a general summary of class discussion
* as part of an ongoing journal writing exercise
* to support part of an activity
* to evaluate understandings at the end of the lesson.

Teachers' notes

Teachers' notes are featured in boxes next to the activity. They assist teachers in the preparation, process and understanding of an activity. The information may also be relevant to other activities.

Links to *Get Real*

Get Wise is a companion resource to *Get Real*. Activities from *Get Wise* should be used with *Get Real* to form a broad drug education curriculum within an ongoing Health Education program. Each activity in *Get Wise* has a section that outlines direct links to *Get Real*. In some cases the intention is to highlight prerequisite activities. In other cases it provides *Get Real* activities that reinforce or extend concepts.

Ongoing, comprehensive drug education

These links are a reminder that this session should be considered as part of a comprehensive, ongoing drug education program, incorporating both curriculum and welfare.

Introduction

Get Wise is based upon principles of harm minimisation. The aim of a harm minimisation approach is to prevent and reduce drug-related harm.

Harm minimisation involves a range of approaches including prevention, early intervention, specialist treatment, supply control, safer drug use and abstinence.

A distinguishing feature of harm minimisation from other approaches is that it:

- *acknowledges that many people in our community use drugs.[1]*

- *takes into account the relationships between people, the drugs they use and the environments in which they use them.[2]*

- *acknowledges the rights of individuals not to use drugs.*

A harm minimisation approach allows schools the flexibility to develop specific focus areas and implementation strategies that address relevant issues within the school context.[3]

Relationship to *Get Real*

Get Wise has been developed in response to recommendations made by the Premier's Drug Advisory Council (PDAC). These recommendations were based on evidence that some primary and secondary schools are currently being required to respond to situations involving illicit drug use.

Get Wise provides specific information and strategies for dealing with illicit drugs. It follows on and affirms *Get Real: A Harm – minimisation Approach to Drug Education for Primary & Secondary Schools (1995)*. These two resources represent a comprehensive guide to the development and maintenance of drug education in your school.

Get Real: A Harm – minimisation Approach to Drug Education provides a framework for drug-related student welfare with particular reference to identification, monitoring and intervention.

It conveys the view that the quality of information we have about a person is dependent on the quality of the relationship we have with that person. We will be more likely to identify a young person with drug-related and other welfare needs in the context of a caring pastoral environment that encourages effective communication throughout the school.

1 C

The curriculum context

In a school setting, harm minimisation encourages a whole-school approach to addressing curriculum and welfare issues. This includes ongoing consultations with parents, students and teachers.

Get Wise provides advice and strategies that can be incorporated into an Individual School Drug Education Strategy. It builds on previous educational activity regarding legal drugs developed in the *Get Real* program.

Teaching about illicit drugs

A frequently asked question by teachers is *'When is it appropriate to teach about illicit drugs?'* Answering this question should take into account two perspectives. Firstly, evidence gathered from research into school drug education programs. Secondly, the specific contextual issues of the school community.

The *Get Wise* curriculum materials provide activities for year 5 through to year 10. These year levels have been identified because current research recommends that school drug education programs should be included before

1 Refer in particular to the *Student Welfare Action Manual* in *Get Wise* and *Critical Incidents* booklets in *Get Real*.

1 National Drug Strategic Plan, 1993-1997, Drugs of Dependence Branch, Department of Health, Housing, Local Government and Community Services, Canberra, 1993.

2 Drug Education Strategic Plan 1994-1999, Support for Schools, Directorate of School Education, Victoria, 1994, p8.

3 Individual School Drug Education Strategy Guidelines, 1998, Department of Education, Melbourne, 1998, p1.

Introduction

experimentation commences[4] and then to consolidate these programs with further booster sessions throughout the secondary school career.

The consensus among drug educators is that a harm minimisation approach in the school setting should aim to prevent use and reduce harm, and to reduce the harms associated with subsequent use. A comprehensive harm minimisation strategy aims to promote the health of non-users as well as preventing and reducing harm among users. A harm minimisation approach does not condone or encourage use. It asks questions about the effects of use on users and on the community, and aims to promote healthier behaviours.

Keeping drug use in perspective

When teaching about illicit drugs it is important to maintain perspective on the facts known about illicit drug use by young people. The use of illicit drugs is not the norm among the student or general adult population.

A normative approach allows us to keep drug use in perspective. Most adults do not use marijuana, most adults do not smoke cigarettes, most adults do use alcohol and only a very small proportion of the population uses heroin or other illicit drugs.

Link planning in the Curriculum Standards Framework (CSF II)

Drug education fits best within the Health and Physical Education Key Learning Area, but in some schools it may be taught as part of English, Studies of Society and the Environment and / or Science curriculum. It may also be delivered through religious studies, pastoral care and the arts.

If drug education is being taught across the curriculum, ensure that a well coordinated and balanced approach is documented and maintained. The curriculum chart on page 9 and 10 shows how each activity fits with the broad key learning areas of the CSF II.

Developing a plan of action for the incorporation of drug education into the curriculum maximises 'ownership' and avoids the potential problems of drug education becoming ad hoc and unstructured – a criticism levelled at drug education programs in the past.

Drug education in the classroom

Effective drug education requires a balance of content knowledge and process. For this reason a student-centred approach has been adopted for many *Get Wise* activities. This approach is reflected through the use of role plays, discussions, group work and simulation activities.

It is recommended that prior to the delivery of drug education in the classroom, teachers undertake relevant professional development in relation to teaching and learning strategies that develop social and communication skills such as role playing.

Furthermore, drug education is best taught by teachers who are in a position to foster an ongoing relationship with the class, and as part of a more general health or personal development course.

'One off' activities have limited value, and in some cases may be counterproductive – by glamourising or normalising drug use or increasing student curiosity.

Key outcomes of effective drug education should include:

- increased student knowledge of relevant and accurate facts about drugs

- development of personal, social and cognitive skills that equip students to deal with drug-related issues in a variety of contexts

- increased student understanding of the impact of drugs in society

- increased understanding of the continuum of risk associated with drug use. This continuum is determined by the drugs used, the context in which they are used and the people involved

4 Wragg, J., A Review of Successful and Unsuccessful Models of Drug Education, Drug Education Journal of Australia 5:1, 1991.

Introduction

- increased student knowledge and skills that will equip them to contribute to the public debate about drug use.[5]

Creating a safe environment

Get Wise encourages student interaction to explore the issues surrounding illicit drugs. In order to facilitate such discussion and activity, teachers need to provide an environment where students feel safe and valued.

Establishing a set of ground rules is a good way of ensuring this and they are more likely to be effective if students are involved in their development. Rules such as taking turns to speak, supporting the right of others to be heard, and having respect for different opinions, cultural traditions, beliefs and languages promote a positive classroom environment.

Teachers will also need to give consideration to how they deal with personal information and disclosures. Such issues as privacy, confidentiality and mandatory reporting will influence a teacher's response. *The Student Welfare Action Manual* in *Get Wise* provides more advice on these matters, but generally teachers cannot offer complete confidentiality as part of their duty of care. If a teacher is aware that any student may be at risk of harm there is an obligation to advise designated student welfare staff, the team leader or principal.

Teachers should also request that students not reveal personal information and request that discussions about experiences be framed in the third person. Students may then use phrases such as 'a person I've heard about' or 'a friend.'

If a teacher feels students may say something inappropriate during class activities, a useful strategy to prevent this is protective interrupting. This means interrupting a student before they disclose, and informing them that they can talk privately after class.

What constitutes an effective program?

The following checklist for an effective drug education curriculum program was defined by Dusenbury and Falco (1995) following extensive research.

An effective drug education program:

- is research-based / theory driven

- is developmentally appropriate (acknowledges that children and adolescents have a preference for here and now information as opposed to that concerning the distant future)

- includes social resistance training (individuals should be empowered to acknowledge and resist peer pressure)

- involves normative education (teaching individuals accurate prevalence data and that not everyone uses illicit drugs)

- utilises interactive teaching techniques

- incorporates cultural sensitivity (teachers should tailor the material to respond to the range of individual and cultural experiences and beliefs of the class group)

- is part of broader based skills training, incorporated within a comprehensive health education program

- provides teacher training and support

- provides adequate coverage and sufficient follow-up

- targets or incorporates into the program the family, the wider community and the media

- includes program evaluation (to determine if program content and procedures have been relevant and successful).[6]

- includes accurate and current information.

5   ISDES Guidelines, p18.
6   Dusenbury and Falco, Eleven Components of Effective Drug Abuse Prevention Curricula, Journal of School Health, December, 1995, p65

Introduction

What is in *Get Wise*

Get Wise consists of six booklets.

The Principal's Guide

- Provides guidance to primary and secondary principals in their leadership role as it relates to curriculum, student welfare and management of drug-related incidents.

The Student Welfare Action Manual

- Provides information, strategies and advice to designated student welfare staff to enhance student welfare in regards to drug education with specific emphasis on illicit drugs.

Communicating with Parents

- Provides guidance for schools working with parents in illicit drug education, through the provision of information, consultation opportunities and activities.

The A to Z of Illicit Drugs

- Provides teachers and others working in school drug education with a factual up-to-date directory of information about illicit drugs.

The Primary Classroom Activities

- Provides teachers with both context and materials for a classroom approach for teaching about illicit drugs in upper primary levels.

- Contains five comprehensive classroom activities with relevant handouts and activity sheets and is supported by four brochures containing information about alcohol, cannabis, cigarettes and painkillers.

The Secondary Classroom Activities

- Provides teachers with both context and materials for a classroom approach for teaching about illicit drugs in years 7 - 10.

- Contains fourteen comprehensive classroom activities with relevant handouts and activity sheets and is supported by nine brochures containing information about cannabis, cocaine, ecstasy, heroin, LSD, tranquillisers amphetamines, consequences of drug use, and drug classification.

Curriculum framework chart

Working on these activities will assist the students to work towards the CSF II strands of Safety and Human Relations at Level 4.

Activities	Key understandings	CSF level	Strand	Curriculum focus	Learning outcome
1. Grouping drugs	• There are different types of drugs and they can be grouped in many different ways. • Drugs affect people in many ways (helpful and harmful). All drugs have the potential to cause harm if misused.	4	Health of individuals and populations	**HIP:** Students further develop their knowledge and understanding of personal safety.	**HIP 4.1** Compare images of health and how these influence personal and community health goals and strategies.
2. Effects, risks and reasons	• Drug use has a range of effects on the body. • In addition to physical harms, the use of illicit drugs can cause social, legal and financial harms. • There are ways of avoiding or reducing risks.	4	Health of individuals and populations Movement and physical activity	**HIP:** They consider how behaviour influences health, what influences their decisions and behaviours. **HIP:** Students further develop their knowledge and understanding of personal safety **HIP:** Children explore the benefits, risks and reasons for drug use and discuss strategies that promote safe and healthy choices. **MPA:** Students learn about influences on participation in physical activity for specific groups in the community.	**HIP 4.1** Compare images of health and how these influence personal and community health goals and strategies. **MPA 4.2** Identify strategies to encourage involvement in physical activity for specific groups in the community.
3. Staying safe around drugs	• Factual/accurate information can enhance informed decision making. • Some drugs provide safety information on labels. • Illegal drugs come without labels or safety information.	4	Health of individuals and populations	**HIP:** They consider factors that affect their own and others' ability to access and effectively use health information, products and services in terms of ease of access, cost and alternatives.	**HIP 4.2** Plan and implement strategies to promote personal and environmental health and safety.

9

Curriculum framework chart

Activities	Key understandings	CSF level	Strand	Curriculum focus	Learning outcome
4. Problem solving	• Drug use can affect users and non-users. • At some stage young people may have to deal with invitations to use drugs. • There are a number of options available to people who do not want to use drugs. • Young people can develop skills for responding to drug-related situations.	4	Self and relationships	**SR:** Students discuss ways in which the behaviour, performance and attitude of an individual might affect and be affected by his/her role in a group activity. **SR:** Students participate in activities in which they take several different roles and compare and reflect on their own reactions and those of others.	**SR 4.1** Explain significant transitions in human development and ways in which people deal with them. **SR 4.3** Explain how taking on different roles affects relationships and behaviour.
5. Talking tactics	• Dealing with invitations issued by friends can be challenging. • People use a range of tactics to get their own way. • Sometimes people use tactics to make us do things that are not right for us or, to do things that we don't want to do. • People can develop skills to counteract tactics that others use.	4	Health of individuals and populations. Self and relationships	**HIP:** Students consider how behaviour influences health, what influences their decisions and behaviours. **SR:** Students examine the sometimes transitory nature of relationships and their reactions to and strategies for managing the loss of some relationships and the development of new ones. **SR:** Students discuss ways in which the behaviour, performance and attitude of an individual might affect and be affected by his or her role in a group activity. **SR:** Students participate in activities in which they take several different roles and compare and reflect on their own reactions and those of others. **SR:** Students consider situations in which there is conflict concerning expectations from different groups, such as family and school friends, and ways of dealing with these expectations.	**HIP 4.1** Compare images of health and how these influence personal and community health goals and strategies. **SR 4.1** Explain significant transitions in human development and ways in which people deal with them. **SR 4.2** Describe the ways in which people define their own and others' identities. **SR 4.3** Explain how taking on different roles within groups affect relationships and behaviour.

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Working on Illicits in School Education

Drug Education Resources for Schools and their Communities

classroom activities

Grouping drugs

Key understandings

- There are different types of drugs and they can be grouped in different ways.
- Drugs affect people in many ways (helpful / harmful).
- All drugs have the potential to cause harm if misused.

Key skills

- Gathering information and drawing conclusions.
- Decision-making (critical analysis).
- Examination of attitudes of others.

Resources

Teacher references:

- *Get Wise - The A to Z of Illicit Drugs*
- *Where do they belong? worksheet* p14
- *Drug groupings worksheet* p15
- *Large sheets of paper*
- *Felt tip pens.*

How

Teacher introduction

Revise the definition of a drug, and explain to students that they will be playing a game that looks at the different ways we can group drugs. Such groupings could include headings such as: legal, illegal, medicines, drugs that can cause harm and recreational drugs.

1. This activity comes with a work sheet, (Individual bodymapping p17), that could be used to assess student knowledge
   - before the group activity
   - later in the unit.
2. Brainstorm some examples of drugs onto butchers' paper.
3. Cut up the list of drugs brainstormed, and distribute one to each student. Alternatively the *Drug groupings* worksheet on p15 could be used.
4. Each student holds their piece of the list and moves randomly around the room.
5. Give students a signal to stop.
6. Call out the following grouping instructions, and ask students to move into the group to which they believe their drug belongs:
   - legal drugs to the front of the room / illegal drugs to the back of the room
   - medicines to the front / drugs used for pleasure to the back
   - drugs that can cause harm to the front / drugs that can't cause harm to the back
   - drugs that can be bought without prescription to the front / those that need a prescription to the back
   - drugs that can be bought by children to the front / those that cannot be bought by children to the back
   - drugs that can make you lose control to the front / those that don't make you lose control to the back
   - drugs that lead to dependence / those that don't lead to dependence
   - drugs that are used in an effort to be 'cool'/ those that are not used to be 'cool'
   - drugs that are used to help people cope with stress or problems / those that are not used to help people cope.
7. After each statement ask students why they have placed themselves where they have. Raise questions about moving some drug cards from one group to another.

Sample questions

- What are some of the reasons drugs are grouped in particular ways?

- How do we decide if drugs are helpful or harmful?

Links to *Get Real:*

The concept of dependence may be difficult for many students.
Refer to *Get Real, Lesson Materials for Primary Schools* for activities to further develop this concept.
Unit : Drug Information
Activity : 4.1 p23

Disclosures

Issues of disclosures and confidentiality may arise. Refer to the *Student Welfare Action Manual.*

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Working on Health in School Education

Heroin	Beer	Wine	Spirits/Whisky
Champagne	Coffee	Painkillers	Chocolate
Sleeping pills	Aspirin	Asthma puffer	Cigarettes
Cola drinks	Steroids	Marijuana	Antibiotics

Above is a list of drugs. Write the names of the drugs you think should appear in each list below.

Some drugs may fit into more than one list.

Legal drugs	Illegal drugs	Medicines	Drugs used for pleasure	Drugs that can cause harm	Drugs that cannot cause harm	Drugs that can be bought by children	Drugs that can lead to dependence

beer	beer
● wine	wine
whisky	whisky
champagne	champagne
cigarettes	cigarettes
● marijuana	marijuana
coffee	coffee
sleeping pills	sleeping pills
painkillers	painkillers
chocolate	chocolate
● coke / cola drinks	coke / cola drinks
asthma puffer	asthma puffer
antibiotics	antibiotics
steroids	steroids
heroin	heroin
● medicines	medicines

Effects, risks and reasons

Level 4
Health of Individuals and Populations.
Learning outcome
HIP 4.1 Compare images of health and how these influence personal and community health goals and strategies.

Level 4
Movement and physical activity
Learning outcome
MPA 4.2 Identify strategies to encourage involvement in physical activity for specific groups in the community.

Links to Get Real:
The following Get Real activities also reinforce these concepts.
Lesson Materials for Primary Schools.
Unit: Drug Information.
Activities: 4.1, 4.2, 4.3 (pp 20 -25) and Tobacco Educational Materials (pp 6 -11).

A life size alternative:
Instead of using the bodymap worksheets, students trace the outline of group members onto a large sheet of paper.
They can also decorate and colour their character cartoon-style.

Evaluation:
At a later stage ask students to repeat individual worksheets. Compare this with students first attempts, and evaluate.

Key understandings

This activity is intended to develop students' understandings that:

- drug use has a range of effects on the body

- in addition to physical harms, the use of illicit drugs can cause social, legal and financial harm

- there are ways of avoiding or reducing risks.

Key skills

In this activity it is intended that students will develop skills, for example:

- gathering information, and drawing conclusions

- evaluating beliefs and behaviours

- identifying risks, and developing strategies for preventing or reducing risks.

Resources

- Individual bodymapping worksheet p17.

- Group bodymapping worksheet p18 (Enlarge to A3 or use a life-size alternative).

- Primary drug brochures p37 (marijuana, alcohol and nicotine) one per group.

- Pencils, textas and crayons.

How
Part 1 – Bodymapping

1. Put students in groups of 2-4 in size.

2. Give each group a primary drug pamphlet and a Group bodymapping worksheet.

3. Give students the following instructions:

   - inside the body draw and write about the effects the drug has on the mind and the body. Also include signs of use

   - along the outside of the body draw and write some of the other possible effects the use of this drug may have, e.g. social / emotional / financial / legal.

4. Students report back to the class about the drug and its effects and ways of reducing or avoiding risks.

Sample questions

- How might others be affected by someone's drug use?

- What might be the main reasons for teenagers using a particular drug for the first time?

- Why might some people become regular or heavy users of a particular drug?

Part 2 – Recording information

Give each student an Individual bodymapping worksheet to complete. Collect worksheets to use as an evaluation tool at a later stage.

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On the inside of the bodies below, draw and write about the effects you think these drugs will have on the mind and the body.

On the outside of the bodies, write other effects you think the drugs have, e.g. family, law or money problems.

The drug: Marijuana

signs

effects

other effects

How might others be affected if someone was using this drug?

1.

2.

3.

The drug: Alcohol

signs

effects

other effects

How might others be affected if someone was using this drug?

1.

2.

3.

The drug: Nicotine

signs

effects

other effects

How might others be affected if someone was using this drug?

1.

2.

3.

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other effects

health effects

The drug:

_____

signs

This drug is:

legal / illegal

18

Staying safe around drugs

3

Key understandings

- Factual / accurate information can enhance informed decision making.
- Some drugs provide safety information on labels.
- Illegal drugs come without labels and provide no safety information.

Key skills

- Gathering information and drawing conclusions.
- Examining attitudes of others.
- Evaluating and using safety information on labels.

Resources

- Several products that have clear information on the label, e.g. Panadol Pack, Cigarette box.
- Mock drug kits (5 or 6). Each kit is made up of mock product labels that contain a 'drug'.
- To make these mock drug kits, paste the sample labels provided (p21 and 22) onto appropriate packets, bottles or containers. Within each set there should be three 'made up' labels, three actual labels and three blank labels in each kit.
- *Drug information* worksheets p23
- Safety checklist p24

How
Teacher introduction

In this activity one of the main differences between legal and illegal drugs is explored. It is important for students to understand that illegal drugs do not come with safety information. This is cause for concern as users do not know what they are buying, possible short term and long term side effects, safe dosages, or what to do if something goes wrong.

Part 1 – Understanding labels

1. Revise the definition of a drug (refer to definition established in lesson one).
2. Brainstorm the following with students:
   - Why do we have information on products / drug labels?
   - What sort of information can be found on these labels?
3. Display examples of labels for the whole class and make reference to any omissions from the student brainstorm list.
4. Place class in groups and provide each group with a mock drug kit that includes:
   - empty containers
   - labels to stick and write messages on.

   Explain to the students that all pretend products in their kit contain a 'drug'.
5. Ask students to read the completed labels in their kit aloud to the other students in their group. Ask them to fill in the *Drug information worksheet* for each of these labels.
6. Students in pairs make up their own instructions for the blank labels in their kit.
7. As a group, ask students to rank the products according to which label gives the consumer the best information that will help them to keep safe when using the product. Rank the labels from most informative to least informative.
8. Bring the class back together to compare the findings and discuss the justification of their rankings.

Level 4
Health of Individuals and Populations.
Learning outcome
HIP 4.2 Plan and implement strategies to promote personal and environmental health and safety.

Links to *Get Real*:
Prior to the lesson ensure students know what a drug is, and understand the meaning of illegal and legal. Refer to *Get Real*. Lesson Materials for Primary Schools. Unit: Drug Information. Activities: 1.3 p21 & 5.1 p25.

Mock Drug Kit:
An easy way to make a mock drug kit is to ask students to bring a covered packet, container or plastic bottle to school. Attach labels provided (p21) to each item.

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Sample questions

- What might happen if people don't follow or understand instructions?

- Do all drugs come with instructions?

- Do you believe that people usually read these labels?

- Which ones don't have labels? (illicit drugs) Why?

- Where do users of illicit drugs get accurate information?

- Is the information reliable?

- Do people who use illicit drugs have enough information to keep themselves safe?

- What might a person do if they were offered a tablet that was not in a packet?

- If you were designing safety labels for cannabis or alcohol what would they look like?

Part 2 – Developing a safety checklist

1. Place students in groups of 2 – 4.

2. Ask them to:

   - imagine a young person who is considering whether to take a drug or not

   - brainstorm information that they believe should be on a safety checklist that will increase the person's physical safety and protect them from other legal, social or financial harms.

3. When students have completed their lists, bring the class together and collect different ideas on to the board or on butcher paper so that the ideas can be displayed.

4. As a class, reach agreement as to what should be included on the list.

5. Compare the students' list to the example of a *Safety checklist* given on p24.

Extension activities

- Using the suggestions on the board to help them, ask students to make a safety checklist to put into their own workbooks

- Have students design posters or pamphlets for display that carry the safety checklist message. Posters can be displayed around the school or at home

- Ask students to work in small groups to plan and perform health promotion advertisements that carry the safety checklist message.

Auntie Hilda's Anti-Misery Potion

Dear Tony,

I knew you weren't feeling well and that you are a bit down in the dumps, so I made you this little potion. Get well soon.

Love Auntie Hilda

PS I know it smells like old socks but don't let that put you off.

FLEMEZE

FOR RUNNY

NOSES AND

CHEST CONGESTION

Ingredients: Betacon – 10 mg, Biotex – 20mg, Folic acid – 50mg, Maczinc – 500mg.

Dose:
Adults: 2 tablets per day
Children: 5-12 years 1 tablet per day

Directions:
Take with a glass of water
DO NOT give to children under 5 years

Side effects:
Dry mouth, headaches, dizziness
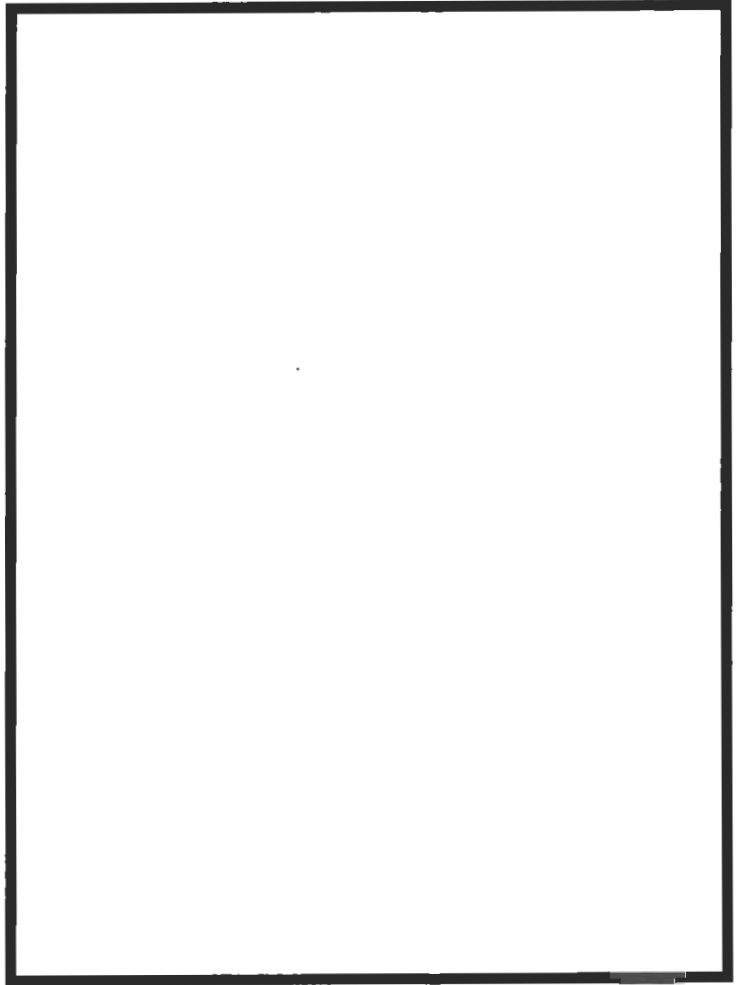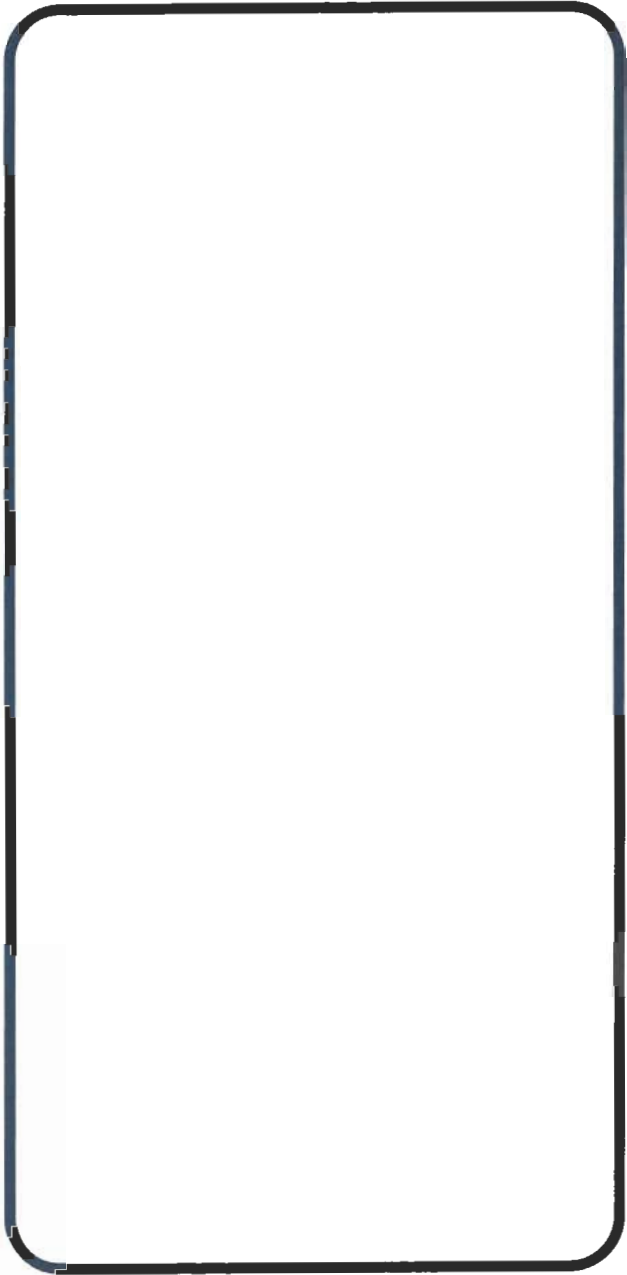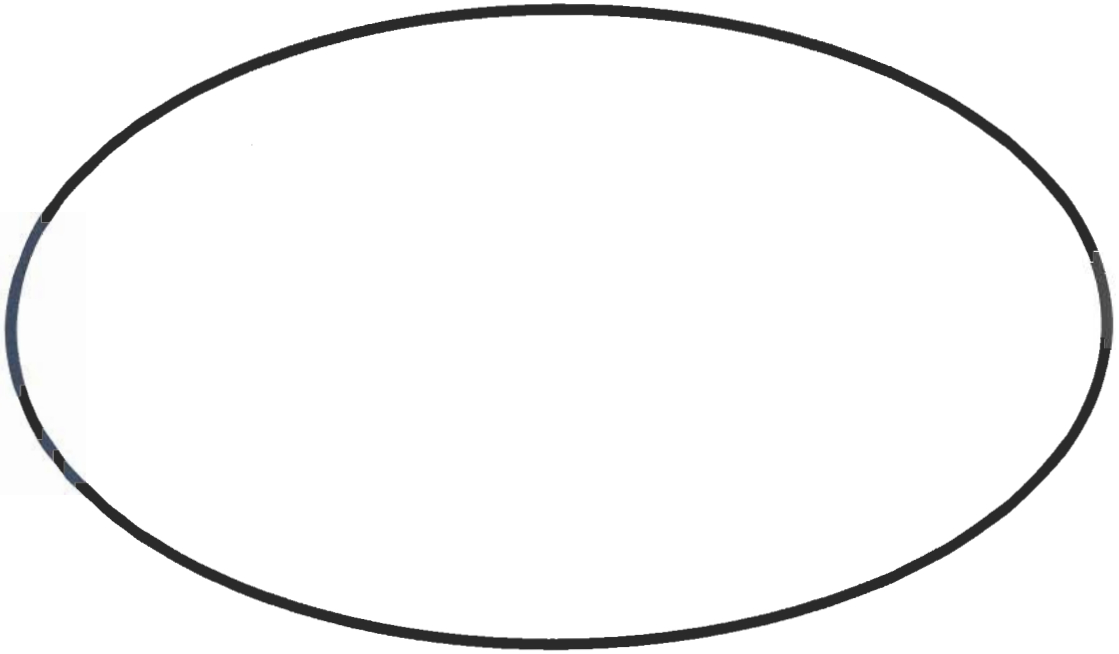
Use by Dec 1995

Manufacturer:
Cough & Splutter Pty Ltd

Green Lizard

500 ml

7.5% alcohol   3 standard drinks

Ingredients : Sugar, water, colouring, alcohol, fermented asparagus

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Name of Product

Checklist of things to think about when designing labels.

• **Purpose**	1
• **Recommended dose**	2
• **Ingredients**	3
• **How to use the product**	4
• **Side effects**	5
• **Warnings**	6
• **What to do if something goes wrong**	7
• **Use by date**	8
• **Storage**	9
• **Manufacturer's name and address**	10
• **What extra information is needed to make this product safer to use?**	11

EXAMPLE
of a
SAFETY CHECKLIST

DON'T TAKE IT IF:

- it is not legal for you to buy it
  - *cigarettes & alcohol for people under 18*
  - *illegal drugs*

- it wasn't given to you by a doctor or your parents
  - *someone else's medicine*

- there's no message on the packet about how much is a safe dose for your age group

- it might set off an allergy
  - *like asthma or skin rash*

- you don't know how much to take before it affects your body or mind or makes you lose control.
  - *lots of drugs can have this effect*

- Ask yourself first
  - *What is your reason for taking it?*
  - *Have you thought about other ways to feel better?*
  - *Why is your body telling you it feels sick?*
  - *Do you really need this drug / medication?*

And always ask
  - *What will this do to me?*

Key understandings

- Drug use can affect users and non-users, for example friends, relatives, bystanders and workmates.

- At some stage young people may have to deal with invitations to use drugs.

- There are options available to people who do not want to use drugs.

- Young people can develop skills for responding to drug-related situations.

Key skills

- Problem-solving.

- Decision-making.

- Developing useful refusal strategies and communication skills.

- Identifying risks, and harm minimisation strategies.

- Developing assertiveness and negotiation strategies.

Resources

- *What if...?* scenario cards p27

- *What if...?* worksheet p28

How

Teacher introduction

This activity explores drug use of individuals within a social context. It is important for students to consider possible drug-related scenarios, and be given opportunities to develop and practice strategies to assist them in responding to such situations.

1. Explain to the students that they will be predicting and problem-solving around situations in which others are inviting people to use drugs. Point out that most people first use social drugs when offered by friends or family. It can be useful to think ahead about what is right and safe for you, prior to such offers being made.

2. Put students into small groups or pairs.

Level 4
Self and Relationships
Learning outcome
SR 4.1 Explain significant transitions in human development and ways in which people deal with them.
SR 4.3 Explain how taking on different roles affects relationships and behaviour.

Links to *Get Real*:
The following activities detailed in *Get Real* also explore options, and help develop repertoires. Refer to *Get Real* lesson materials for primary schools.
Unit:
Dealing with drug related issues.
Activities: 1.1, 1.2, 2.1, 2.2, 2.3, 3.1, 3.2, 4.1, 4.2, 5.6, 5.7, 6.1, 6.2 and 6.3. p. 27-35.

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3. Give each group a *What if...?* *scenario card*. Ask them to discuss:

   a) the issue

   b) the potential risk

   c) three or more different choices / options available to handle the situation should it occur

   d) the risks involved in the given choices.

4. Ask each group to write down the ideas they come up with.

5. Students report back to class. Ask for additional options from other students within the class during sharing time.

Sample questions

- Why might someone say 'Yes' in these situations?

- Why might someone say 'No' in these situations?

- Why might someone be trying to get a person to join in these situations?

Extension activity

Draw and display

Use *What If ...? worksheet* p28 to make one of these situations into a three or four frame cartoon showing how it could be dealt with.

The cartoon characters could take the form of people, animals or super creatures / heroes.

Protective interrupting:
Strategies such as using third person, and protective interrupting will minimise the occurrence of students disclosing personal information at an inappropriate time.

Role Play:
Role play could also be incorporated into this lesson to explore options, and to help develop appropriate repertoires.

• what if …
someone offered you a cigarette?

---

what if …
someone offered you their medicine?

• what if …
someone wanted you to try an experiment involving taking some pills?

• what if …
some friends wanted you to join in with them drinking alcohol at a party?

---

what if …
• a friend wanted to try an older brother's / sister's or parent's marijuana?

what if ...

Characters:..

Situation: ....

1.	**2.**
3.	**4.**

In the boxes above make a 4 frame cartoon which shows how situations can be dealt with. The cartoon characters can be people, animals or super creatures / heroes.

Talking
• tactics

Ongoing Welfare · Ongoing Curriculum · Get Real get wise · Ongoing Welfare · Ongoing Curriculum

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Key understandings

- Dealing with invitations issued by friends can be challenging.
- People use a range of tactics to get their own way.
- Sometimes people may use tactics to make us do things that are not right for us or to do things that we don't want to do.
- People can develop skills to counteract tactics that others use.

Key skills

- Developing useful refusal strategies and communication skills.
- Examining attitudes of others.
- Decision making.
- Developing understanding of self and others.
- Recognising risks.

Resources

- Role play scenario cards
- A whistle or bell

How
Teacher introduction

It is important that students have a chance to engage in activities that will help them develop skills and repertoires that they can use when faced with decisions about drugs.

Part 1 – Understanding tactics

- Explain to the class that they will be acting out scenarios. These scenarios will look at the different ways people can handle situations where a friend suggests they do something that they don't think is right for them.
- Brainstorm with the class situations where this might happen. Be general at first and then later seek situations involving use of drugs. Ask for situations that could happen to an average person of around their age.

Sample

Lee and Chris are friends. They sometimes hang around together on weekends. Lee and Chris arrange to ride their bikes to the local park. At the park Lee takes half a bottle of chocolate liqueur out of his bag. It was left over from a party that his parents had on Friday night. Lee offers the liqueur to Chris saying they can have their own party.

- Use this suggestion as the basis for a role play, or use the cards provided on p32.
- In modifying the brainstorm as scenarios, define who is in the scene, where it takes place, and what is being offered.

Level 4
Health of Individuals and Populations
Learning outcome:
HIP 4.1 Compare images of health and how these influence personal and community health goals and strategies.

Level 4
Self and Relationships
Learning outcome:
SR 4.1 Explain significant transitions in human development and ways in which people deal with them.
SR 4.2 Describe the ways in which people define their own and others' identities.
SR 4.3 Explain how taking on different roles within groups affect relationships and behaviour.

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Conducting the role play

- Divide the students into pairs or groups of three. Ask them to nominate roles.

- Have all groups try their scenes at the same time. This will make lots of noise, but will provide environmental support for those who feel shy.

- Blow a whistle (or ring a bell) when you want them to stop.

- Ask actors to swap parts and replay the scene.

Conduct a number of 50 second role plays. Ask students to replay the previous scene, in their small group, where the person making the offer has to try and get their own way through:

- hinting
- teasing
- flattering
- whingeing
- persuasion.

Ask them to swap parts and try some other tactics such as:

- begging
- ordering
- tempting
- encouraging
- enthusing.

Brainstorm any other tactics students know people will utilise in order to get their own way.

Following re-plays discuss

- What did it take to refuse each time?

- Which tactics were more difficult to resist?

- What sort of tactics can a person use to refuse?

- What difference does it make when it is a group scene?

Refusal tactics

List "refusal" tactics on the board. Tactics will include:

- making an excuse
- changing the topic
- saying you are not allowed
- making a joke of it
- saying you will let them know later
- asserting your own opinion
- getting others on your side
- walking away.

After listing "refusal" tactics ask children to replay the scenarios again. This time call out "refusal" strategies to be practiced.

Part 2 – More practice dealing with pressure

1. Prepare a class set of *Role play scenario cards* p32-35.

2. Divide the class into groups to practice and perform the scenarios.

3. Following each performance ask the class to identify tactics used by all characters.

4. Discuss if it is different or harder to handle a situation if you are in a group.

5. Ask students to identify 'refusal' tactics that they felt most comfortable with.

6. On a regular basis provide other opportunities for students to practice repertoires.

Processing role plays

Reality test

Ask: Did you think that scene could happen in real life?

Hidden thoughts

Ask: What might each of those characters have been thinking (but not necessarily saying) in that scene?

Interviews

Interview the players about their physical and emotional feelings in that situation? What might it be like in real life?

Advice

From having seen or played in that situation, give the characters some advice about how to best handle the situation in the future.

Re-play

Try re-playing the scene, testing out some of the advice given. Does it work? Why? Why not?

Role-swap

Ask the actors to swap parts to experience the other role.

Links to *Get Real*:

More opportunities for exploring these issues can be found in *Get Real*.

Refer to *Get Real Lesson Materials for Primary Schools*.
Unit 1: Dealing with Drug-Related Issues. p37-38.

Managing role plays:

• Set ground rules – no put downs, no violence. Keep it short. Complete stories are not required. Stop and start the action to guide focus on discussion.

• Use re-play, discussion and interview techniques to boost confidence and encourage participation.

• Reality test – if that was the soap opera / comedy version, what would the real life drama look like?

Setting up role plays

It helps the actors if they know:
• who they are playing
• what the scene is about
• when the scene is taking place
• where the scene is taking place
• what their character WANTS.

Role play Scenario cards

WHO	Maria, Kate and Jen (ages 11) or you can cast this as Mat, Kit and Glen (ages 11)
WHERE	At the bus stop
WHEN	On the way to school
WHAT	Maria wants Jen and Kate to join in with smoking a couple of cigarettes she has brought from her dad's supply at home.
WANTS	Maria wants to be the centre of attention in the smoking scene. She wants to impress her friends.

Jen doesn't want to smoke, but still wants to hang out with Maria. Kate wants to be friends with Maria, but she doesn't like cigarettes. |

WHO	Lee and Sarah
WHERE	At Lee's house
WHEN	After school
WHAT	Lee suggests they put blue streaks in their hair, using her older sister's hair dye.
WANTS	Lee wants to do something daring that others will notice at school. Sarah does not like blue streaked hair, and thinks her mother would object if she did this without permission.

WHO	Liam and Sam
WHERE	At Liam's house
WHEN	After school
WHAT	Sam suggests they take Liam's older brother's trail bike for a ride.
WANTS	Sam wants to ride the bike and have some action and fun. Liam is not allowed to ride the bike without permission or without an adult. He thinks it is not safe, and does not want to get into trouble.

WHO	Chris and a group of grade six friends
WHERE	At school
WHEN	During the grade six graduation night
WHAT	Chris shows the others some leaves he has brought from home, telling people they are marijuana leaves. He is suggesting they taste them.
WANTS	The others want to have a great time on their last night at primary school. Most of them think Chris's idea is silly and want him to throw the stuff away, but Tony wants to give it a try.

WHO	Prue and a group of grade six friends
WHERE	At school
WHEN	During lunchtime
WHAT	Prue suggests they all sign a hate letter to Josie and put it in her bag.
WANTS	Most of the friends think this is not OK, and feel sorry for Josie. Clare is scared of getting caught. Anne is not sure whether it will look bad if she refuses to join in, maybe they'll pick on her next time. Linda wants them to stop fighting and let Josie back into the group.

WHO	Ben and his friends
WHERE	On the way to school
WHEN	Monday morning
WHAT	Ben suggests they all use their excursion money to buy fish and chips on the way home from school.
WANTS	Most of the friends think this is not OK, and think they should not pretend to lose the excursion money. Aaron is sure he'll get caught, and has to go straight home from school anyway. Andrew is not sure whether it will look bad if he refuses to join in. Paul wants to do the fish and chip thing but not with the excursion money.

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